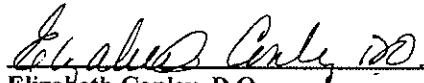

**MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL**

IS11-27.1 Formulary

Effective Date: October 6, 2003



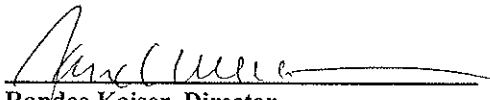
Ralf J. Salke
Senior Regional Vice President



Elizabeth Conley, D.O.
Regional Medical Director



George A. Lombardi, Director
Division of Adult Institutions



Randee Kaiser, Director
**Division of Offender Rehabilitative
Services**

- I. **Purpose:** This procedure establishes a list of prescription and non-legend (over the counter) medications, which are routinely available for the treatment of offenders.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. DEFINITION:

- A. **CMS:** Correctional Medical Services.
- B. **MARS:** Medical Accountability Records System – (Electronic Medical Record)
- C. **Non-Legend Medications:** (OTC / Over the counter medication); Medication, which may be purchased without being prescribed by a licensed practitioner.
- D. **Pharmacist:** A person licensed as a pharmacist , employed by a pharmacy licensed to provide pharmacy services in Missouri.
- E. **Pharmacy and Therapeutics Committee:** Committee consisting of the Regional Medical Director, (Chair), the Pharmacist, State Director of Nursing, Regional Manager (or designee), Assistant Division Director of Mental Health, and invited guests.
- F. **Practitioner:** A physician, psychiatrist, dentist, or nurse practitioner who has been licensed by the State of Missouri to prescribe prescription medications.

Effective Date:

III. PROCEDURES:

- A. Practitioners should use the CMS-MO formulary as the primary guide for prescriptive practice.
- B. Practitioners may request non-formulary medications by use of MARS non-formulary request procedure.
- C. Whenever possible, medications should be prescribed which can be administered once or twice daily.
- D. The CMS-MO Formulary should be reviewed and revised at least annually by the Pharmacy and Therapeutics Committee, and continually revised as requested by the regional medical director. The Pharmacy and Therapeutics Committee shall meet quarterly to review various medial issues and therapeutic issues.
- E. The CMS-MO Formulary should be readily available for all practitioners through MARS.
 - 1. Practitioners should order all medications using MARS.
 - 2. Medications may not be issued or administered to patients without a valid prescription order in MARS, except as an emergency verbal order by the practitioner which must be entered in MARS as soon as possible.
- F. Practitioners may request additions or deletions to the formulary by submitting a Formulary Revision Request (Attachment A) Form to the regional medical director for consideration.
- G. A revised CMS-MO Formulary is immediately available to all practitioners when updated in MARS by the regional medical director/designee.
- H. The CMS-MO Formulary is available in MARS at all times, and may be printed from MARS.

IV. ATTACHMENTS

- A. Formulary Revision Request Form.

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-D-01 Pharmaceutical Operations –*essential*, P-D-02 Medication Services – *essential*.

VI. HISTORY: This policy was originally covered by IS11-30.1, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date:

SPECTRUM PHARMACY SERVICES

Formulary Revision Request Form

Addition Deletion
(circle one)

Generic Name: _____

Brand Name: _____

Manufacturer(s): _____

Dosage(s) and strength(s) requested: _____

Usual dose and dosage range: _____

Special cautions or remarks: _____

Potential drug interactions: _____

Cost: _____

Estimated number of inmates receiving medication: _____

Clinical indications/therapeutic advantages: _____

Will this drug replace an existing formulary medication? If so, which medication(s)?

Additional Comments: _____

Practitioner's Signature


Date

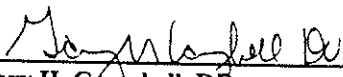
MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL

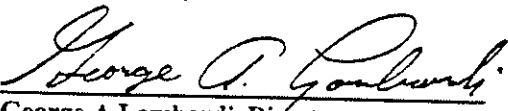
IS11-28.2

Control of Dental Instruments
(Essential)

Effective Date: October 15, 1999


Ralf J. Salke
Regional Manager


Gary H. Campbell, DO
Regional Medical Director


George A. Lombardi, Director
Division of
Adult Institutions


R. Dale Riley, Director
Division of Offender
Rehabilitation Services

- *****
- I. **PURPOSE:** This procedure ensures adequate control and accountability for dental instruments.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- None
- III. **PROCEDURES:**
- A. The health services administrator or designee should receive and control all dental instruments.
1. The main supply of dental instruments should be stored in a locked cabinet with the key controlled by the health services administrator or designee.
 2. All working dental instruments should be kept in a locked area to be utilized by the dental staff.
 3. A master inventory tool list will be maintained and a copy of the list provided to the institutional tool control specialist.
 - i. Additions or deletions to the master inventory tool list will be done according to IS4-1.6 Tool Control.

Effective Date: October 15, 1999

- B. Upon receipt of dental instruments at the beginning of the dental clinic, the dentist or dental assistant should complete the Daily Dental Instrument Count Form (Attachment A).
- C. When dental instruments are broken, they should be noted and deducted from the Daily Dental Instrument Count Form by the dentist or dental assistant.
 - 1. Broken and/or worn-out tools will be disposed of as outlined in IS4-1.6 Tool Control.
- D. The working stock of dental instruments should be counted at the close of each dental clinic by the dental staff.
- E. The count should be reconciled at the end of each dental clinic by comparing the number on hand with the number documented on the Daily Dental Instrument Count Form by the dentist or dental assistant.
- F. If the count is incorrect, it should be reconciled before the dental staff are released from duty.
- G. If the count is incorrect and cannot be reconciled, the dental staff should notify the health services administrator and custody shift supervisor. An IOC should be completed and submitted to the custody shift supervisor before the off-going shift is released from duty.
 - 1. Dental staff may not leave until the IOC is completed and they have been released to leave by the health services administrator and custody shift supervisor.

IV. ATTACHMENTS:

- A. 931-3824 Daily Dental Instrument Count

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 1997. P-28
- B. IS4-1.6 Tool Control

VI. HISTORY: Previously covered by IS11-30.14, located in the Missouri Department of Corrections Institutional Policy and Procedure Manual; Original Rule Effective: August 15, 1994.

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999

MO 831-3824 (8-94)

INSTRUMENTS NUMBER

NUMBER 151 FORCEPS

NUMBER 222 FORCEPS

NUMBER 53R FORCEPS

NUMBER 53L FORCEPS

NUMBER 150 FORCEPS

ENDO FILES KIT

BONE FILERONQUER

BARD PARKERS

HEMOSTATS

SURGICAL SCISSORS

SUCTION TIPS

METAL TRAYS

SYRINGES

UTILITY SCISSORS

ALCOHOL BURNER

LAB SCALPEL

BUTTER KNIFE

LAB SPATULA


ACH CARVER

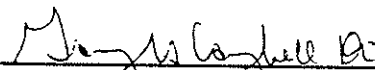
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COMMENTS

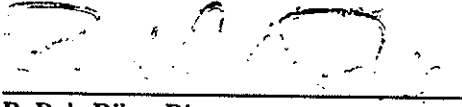
MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL

IS11-28.1 Contraband, Inventory and Reusable Effective Date: October 15, 1999
Tool Control (Essential)


Ralf J. Salke
Regional Manager


Gary H. Campbell, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of
Adult Institutions


R. Dale Riley, Director
Division of Offender
Rehabilitation Services

- *****
- I. **PURPOSE:** This procedure assures adequate control and accountability of single use contraband items and tools.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C: **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **IOC:** InterOffice Communication, a memorandum used to communicate events or situations to supervisors.
- B. **Contraband Supplies:** Medical supplies (i.e., needles, syringes, scalpels, etc.) that can be misused or used as a dangerous weapon. These supplies are not allowed in the possession of any offender.
- III. **PROCEDURES:**
- A. The health services administrator or designee should receive and control all contraband.
- B. The main supply of contraband should be stored in a locked cabinet with the key controlled by the health services administrator or designee.
- C. All working stock should be kept in a locked area to be utilized by the health care staff.

- D. Each time a contraband item is used, the date, time, offender's name and the health care provider's name should be documented on the Contraband Register (Attachment A).
- E. All contaminated needles, syringes, and scalpels should be immediately disposed of UNCAPPED, in the available impervious sharps container. Dental may recap needles by use of one hand recapping or using a recapping device. Other staff may use this technique when it is not possible to have a disposal container available.
- F. All working stock should be counted at the close of each shift by the on-coming and off-going nursing staff.
- G. The Contraband/Scheduled Drug Perpetual Inventory Sheet (Attachment B) should be signed by the on-coming and off-going nursing staff indicating the count is correct.
- H. If the count is incorrect, it should be reconciled before the off-going staff are released from duty.
- I. If the count is incorrect and cannot be reconciled, the off-going nurse should notify the health services administrator and custody shift supervisor by telephone immediately. An IOC should be completed and submitted to the custody shift supervisor before the off-going shift is released from duty.
 - 1. Release from duty is obtained from the health services supervisor and custody shift supervisor.
- J. Tools should be inventoried and counted at the end of each shift, utilizing the Open Inventory Tool Count (Attachment C).
 - 1. A master inventory tool list will be maintained and a copy provided to the institutional tool control specialist.
 - 2. Additions or deletions to the master inventory tool list will be done according to IS4-1.6 Tool Control.
 - 3. Broken and/or worn-out tools will be disposed of as outlined in IS4-1.6 Tool Control.
- K. Upon receipt of contraband, the health services administrator or designee should count the items and bundle them into lots of ten (10).
- L. The Contraband Inventory Form (Attachment D) should be completed and attached to the box of bulk contraband.
- M. The health services administrator or designee should remove a sufficient quantity of each contraband from the bulk inventory and place into working stock for the health care staff.
- N. The amount removed should be noted and deducted from the Contraband Inventory Form.

- O. A Contraband Register Form (Attachment A) noting the date, time, offender's name and provider's name should accompany the bundled working stock.
- P. Upon receipt, designated staff should record the amount received on the applicable Contraband/Scheduled Drug Perpetual Inventory (CDPI) sheet.
 - 1. The nurse receiving the contraband should verify the amount received.
 - 2. The amount received should be noted in the AMOUNT RECEIVED column of the CDPI sheet on the date received.
 - 3. At the end of the shift, the Amount Received should be included in the ENDING BALANCE for the shift.
- Q. Providers should record the individual usage of applicable items on the Contraband Register each time a syringe, needle, or scalpel is used.
- R. The count should be reconciled at the beginning of each shift with the on-coming and off-going nurse by comparing the number on hand with the number documented on the Contraband Register.
- S. Complete the CDPI sheet as follows:
 - 1. DATE is the date count completed.
 - 2. SHIFT is the time the count occurs.
 - 3. BEGINNING BALANCE is the amount on hand when shift begins.
 - 4. AMOUNT USED is the number used during the shift.
 - 5. AMOUNT RECEIVED is the number, if any, received during the shift from bulk inventory.
 - 6. ENDING BALANCE is the number that is available. The ending balance of the CDPI should agree with the Contraband Register for that item.
- T. If there is a discrepancy in the ending balance and the actual count of an item, all health care staff working on the shift should stay until the discrepancy is identified and corrected. The signatures of the on-coming shift and the off-going nurses should verify the accuracy of the count.
- U. Any discrepancy in the balance on hand and the balance recorded on the Contraband Register should be immediately reported to the health services administrator or designee. Every attempt should be made to identify and reconcile the discrepancy. An IOC should be generated. The custody shift supervisor should be notified if the discrepancy cannot be identified and reconciled.
 - 1. Health care staff may not leave until the IOC is completed and they are released to leave by the health services administrator and the custody shift supervisor.

Effective Date: October 15, 1999

- V. When the working stock is depleted, the Contraband Register should be attached to the Contraband Inventory Form maintained with the bulk inventory for that item.

- W. The health services administrator or designee should re-issue a supply of working stock from the bulk inventory stock repeating steps 3, 4, and 5 of the procedure.

IV. ATTACHMENTS:

- A. 931-3821 Medical Contraband Register
- B. 931-3818 Medical Contraband/Scheduled Drug Perpetual Inventory (CDPI)
- C. 931-3816 Open Inventory Tool Count
- D. 931-3819 Medical Contraband Inventory

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 1997. P-28
- B. IS4-1.6 Tool Control

VI. HISTORY: Previously covered by IS11-30.13, located in the Missouri Department of Corrections Institutional Policy and Procedure Manual; Original Rule Effective: August 15, 1994.

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
MEDICAL CONTRABAND REGISTER

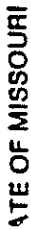
TYPE OF CONTRABAND

PRERELEASED			RELEASED BY	DATE
NUMBER RECEIVED			RECEIVED BY	DATE
NO.	DATE	TIME	INMATE'S NAME	NURSE
30				
29				
28				
27				
26				
25				
24				
23				
22				
21				
20				
19				
18				
17				
16				
15				
14				
13				
12				
11				
10				
9				
8				
7				
6				
5				
4				
3				
2				
1				



MEDICAL CONTRABAND/SCHEDULED DRUG PERPETUAL INVENTORY

[illegible]



'ARTMENT OF CORRECTIONS

OPEN INVENTORY TOOL COUNT

MONI

[illegible]



DEPARTMENT OF CORRECTIONS
MEDICAL CONTRABAND INVENTORY

TYPE OF CONTRABAND		TOTAL NUMBER	COUNT	DATE
DATE	REMOVED	BALANCE	NAME	
NURSE			DATE INVENTORY COMPLETED	

MO 931-3819 (10-94)



DEPARTMENT OF CORRECTIONS
MEDICAL CONTRABAND INVENTORY

TYPE OF CONTRABAND		TOTAL NUMBER	COUNT	DATE
DATE	REMOVED	BALANCE	NAME	
NURSE			DATE INVENTORY COMPLETED	

MO 931-3819 (10-94)



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
MEDICAL CONTRABAND INVENTORY

TYPE OF CONTRABAND		TOTAL NUMBER	COUNT	DATE
DATE	REMOVED	BALANCE	NAME	
NURSE			DATE INVENTORY COMPLETED	

MO 931-3819 (10-94)



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
MEDICAL CONTRABAND INVENTORY

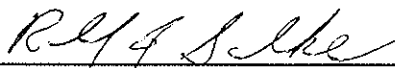
TYPE OF CONTRABAND		TOTAL NUMBER	COUNT	DATE
DATE	REMOVED	BALANCE	NAME	
NURSE			DATE INVENTORY COMPLETED	


MO 931-3819 (10-94)


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

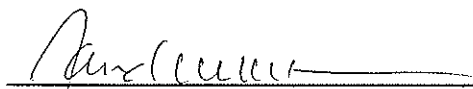
IS11-27.15 Self-Medication Program

Effective Date: August 25, 2003


Ralf J. Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


Randee Kaiser, Director
Division of Offender Rehabilitative
Services

- I. **Purpose:** This procedure provides offenders the opportunity to be responsible to carry and administer his/her own prescribed medications
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **Administration:** The act of delivering medications to patients by a qualified health care professional.
- B. **Qualified Health Care Professional:** Includes physician, physician assistant, nurse practitioner, nurse, mental health professional, or those by virtue of his/her education, credentials and experience are permitted by law within the scope of his/her professional practice act to evaluate and administer prescribed medications.
- C. **Medication Administration:** Self-administration using blister cards, dose-by-dose in pill line or delivery to offender.
- D. **Health Services Authority:** The health services administrator is designated as the administrative authority responsible for the provision of health care services at the institution. The responsible physician at each institution is the clinical authority.
- E. **Self-Medication Program (Keep-on-Person):** Allows for responsible offender to carry and administer his/her own medications, that are not deemed controlled or scheduled substances within the correctional facility and or as determined by the practitioner.

Effective Date:

III. PROCEDURES:

- A. Offender participation in the self-medication (keep-on-person program /KOP) is a privilege and the responsible physician, health service authority, or practitioner may revoke the privilege at any time.
- B. Offenders assigned to the segregation unit may be prohibited in participation of the KOP self medication program as outlined by the institutional standard operating procedure developed specific to his/her assigned facility.
 - 1. Considerations at minimum should be given to medications of segregation assigned offenders with regard to:
 - i. inhaler,
 - ii. nitroglycerin tablets, and
 - iii. creams or lotions as deemed clinically necessary by the responsible physician.
- C. All medications should be issued for a specified time period as prescribed by a physician, physician assistant, psychiatrist, or nurse practitioner.
- D. No schedule drugs, high abuse potential drug, psychotropic medication, TB treatment or prophylactics, HIV specific medication, or injectable, will be approved for the self-medication program. These drugs may only be issued as watch-take, or by-dose.
- E. Each offender should participate in a self-administration KOP program orientation conducted by a qualified health care professional to include but not limited to:
 - 1. Self medication (KOP) packages will contain several days of non-controlled/abusable prescribed medication. (Bubble card/blister packaging or i.e., small brown bottle for nitroglycerin, creams, lotions, liquid such as maalox)
 - 2. Only a physician may prescribe or change medication orders.
 - 3. The offender will be directed as to the day and schedules for pick up of medications and instructed on how to notify health services staff to replenish medications.
 - 4. Provide instructions when, where, and how a by-dose medication is to be available.
 - 5. The amount of medication that will be issued based on the medications prescribed. Several medications and number of cards issued for each, (i.e., 30 days supply).
 - 6. Storage and security/responsibility for his/her medication.
 - 7. Labeling on the medication package will clearly indicate how to take the medication.
 - 8. A patient information sheet for a specific medication is provided at the time of the initial prescription and thereafter as necessary. Offender instructed to notify health care staff if questions or concerns related to medications prescribed.

Effective Date:

9. If for any reason the offender does not take the medication as prescribed, the medication must be returned to the health care unit. Failure to do so may result in disciplinary action due to security concerns and or removal from the self-administration/KOP program.
 10. The offender is instructed he/she is responsible for the medication, if lost, tampered with or labeling is defaced it (e.g. remove, mark, or change the label) see above E. 9. Lost or stolen medication is to be reported immediately.
 11. Offenders are to be instructed not to give his/her medications to others for any reason.
 12. Labeling of the medication should include:
 - i. Offender Name and DOC number,
 - ii. name of the medication, strength, and direction for taking the medication,
 - iii. number of pills per packaging,
 - iv. prescription number,
 - v. special precautions, (e.g., take on empty stomach)
 - vi. name of prescribing authority, (physician, psychiatrist, nurse practitioner,
 - vii. expiration date by the pharmacy, and
 - viii. date the medication supply should be completed if taken as prescribed; PRN medications may need to be brought back to the health care unit for review after 30 days,
 - ix. offenders may refuse medication, however a medical waiver should be signed following a review of what the offender is refusing and reasons; IS11-71 Right to Refuse Treatment.
 - x. Refusal will be documented in the offender's medical records.
 13. Offender should present his/her DOC ID prior to receiving medication issue.
 14. The offender should sign receipt of all self-medication, acknowledging date, and amount received.
- F. The Medication Administration Record (MAR) (Attachment A) should be utilized to prepare medications for administration. If medications are used from stock, a "second check" system must also be utilized to prepare medications for administrations:
1. stock medication administration log
 2. controlled substance administration record.
- G. The physician will be notified of refusals and no-shows and will determine future treatment of that offender (continuation of the orders, discontinuation of the orders, change in medication, change in medication administration times, etc.)
- H. Offenders may be removed from participating in the self administration program for but not limited to:
1. Participating offender uses prescribed medication/s in a manner other than as prescribed.
 2. Offender misses or does not report to appointment for medication follow-up or chronic care visits.
 3. Prescribed medication is found loose in the participating offenders assigned cell or living areas, property, or on his/her person.
 4. Make his/her issued medications available to another person/offender.
 5. Medication is reported to have been unsecured, stolen, or lost.

Effective Date:

6. Medication container or packaging is altered or damaged in such a manner that instructions and description of the medication contained is not easily legible.
 7. Unused or unwanted medication is not returned to the health service unit; (e.g., improperly disposed of by discarding in trash or other means).
 8. Non-therapeutic response to the prescribed medication.
-
- I. An offender who is removed from the self administration KOP program for any reason may be placed on a watch take medication administration for a period of not less than 30 days, at which time at the discretion of the responsible physician may be eligible to again participate in the program.
 - J. An offender who is removed from the program for or repeated infractions of the self administration program privilege may be ineligible to participate for a minimum of one year at which time a reconsideration by the responsible physician may be made.
 - K. Health service professionals or security staff may direct a medication check for health concerns or security issues related to offender self-medication.

IV. ATTACHMENTS

- A. 931-3496 Medication Administration Record
- B. 931-1832 Refusal of Treatment Form

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-D-02 Medication Services – *essential*.
- B. IS11-27.11 Monitoring Psychotropic Medication
- C. IS11-27.5 Medication Administration

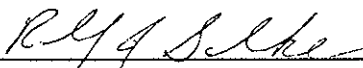
VI. HISTORY: This policy was originally covered by IS11-27.5, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: October 15, 1999.


- A. Original Effective Date:

MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

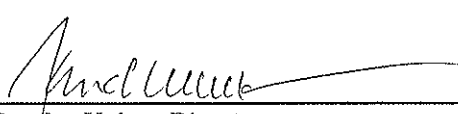
IS11-27.14 Discharge Medications -
FRDC-Biggs Correctional
Treatment Unit

Effective Date: August 25, 2003


Ralf J. Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


Randee Kaiser, Director
Division of Offender Rehabilitative
Services

I. **Purpose:** To ensure there is not a break in the offender's medication regimen after discharge from the FRDC-Biggs Correctional Treatment Unit.

A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.

B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

A. **MARS:** Medical Accountability Records System.

III. **PROCEDURES:**

A. When an offender is discharged from the FRDC-Biggs Correctional Treatment Unit with medications, the medications will be handled as follows:

1. The medication nurse at the receiving institution will isolate and secure medications received from the FRDC-Biggs Treatment Unit for the offender, by storing the medication in the medication room in accordance with IS11-27.2 Procurement/Dispensing of pharmaceuticals and IS11-27.4 Storage of Pharmaceuticals.
2. The medication nurse will enter the directions from the medication received into the MARS with calculated stop dates in accordance with IS11-27.5 Medication Administration, IS11-27.6 Prescribing Authority and Stop Dates, and IS11-27.12 Documentation of Scheduled/Controlled Medications. These orders are current until seen by the medical director, responsible physician, or psychiatrist, and should be for 7 days.

Effective Date:

3. Medication will be administered under current dose-by-dose basis (watch take) from original container until finished in accordance with IS11-27.5 Medication Administrator and IS11-27.8 Medication Administration Record (MAR) with documentation on the Medication Administration Record form (Attachment A).
 4. The medical director, responsible physician, or psychiatrist must enter new orders in MARS before the 7-day stop date in order to continue the medication. Medication will be stock supplies or from the pharmacy as patient specific in accordance with IS11-27.5 Medication Administration.
- B. If an offender refuses to take the medication he/she must sign a Refusal of Treatment for (Attachment B). The title of the refused medication and dosage will be listed on the form. Refusals will be witnessed by two staff members if the offender refuses to sign the refusal form. The refusal will be documented in the offender's medical record in accordance with IS11-27.5 Medication Administration. The nurse shall notify the institutional chief of mental health services of the offender's refusal.
- C. Offenders on psychotropic medications should be monitored as established by IS11-27.11 Monitoring of Psychotropic Medications.

IV. ATTACHMENTS

- A. 931-3496 Medication Administration Record
B. 931-1832 Refusal of Treatment

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-G-04 Mental Health Services – *essential*, P-D-02 Medication Services – *essential*, P-E-12 Continuity of Care During Incarceration – *essential*.
- B. IS11-27.2 Procurement/Dispensing of Pharmaceuticals
C. IS11-27.4 Storage of Pharmaceuticals
D. IS11-27.5 Medication Administration
E. IS11-27.6 Prescribing Authority and Stop Dates
F. IS11-27.8 Medication Administration Record
G. IS11-27.11 Monitoring of Psychotropic Medications
H. IS11-27.12 Documentation of Scheduled/Controlled Medications
I. IS12-3.1 FRDC-Biggs Correctional Treatment Unit

VI. HISTORY: This policy was originally covered by IS11-51, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
B. Revised Effective Date: May 24, 2000
C. Revised Effective Date:



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
MEDICATION ADMINISTRATION RECORD

MONTH/YEAR

START DATE	STOP DATE	INT	DRUG - DOSE MODE - INTERVAL	MONTH/YEAR																														
				HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
DOCUMENTATION CODES				STAFF SIGNATURE				DATE				INITIALS				STAFF SIGNATURE				DATE				INITIALS										
D/C - DISCONTINUE ORDER																																		
R - REFUSED																																		
S - SELF-ADMINISTERED																																		
DO - DOSE OMITTED																																		
C - COURT																																		
NO SHOW																																		
ALLERGIES				DOB				DOC NUMBER				LOCATION				NAME																		



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
REFUSAL OF TREATMENT

INSTITUTION

On this date, against medical advice, I am refusing the following treatment:

- ☐ 1. Medical care/treatment _____ MUST COMPLETE
- ☐ 2. Dental care/treatment _____ MUST COMPLETE

This treatment was offered and made available to me by the Department of Corrections/Correctional Medical Services.

My signature will verify that possible complications as a result of my refusal of such treatment have been fully explained to me. I hereby relieve the physicians, medical/dental staff and Department of Corrections of any and all responsibilities relative to this refusal of offered and available care/treatment.

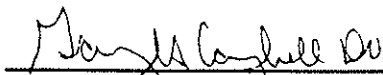
OFFENDER NAME (PRINT OR TYPE)	DOC NUMBER	OFFENDER SIGNATURE	DATE
WITNESS	DATE	WITNESS	DATE

MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL


IS11-27.13 Pharmacy Inspections
 (Essential)

Effective Date: October 15, 1999


Ralf J. Salke
CMS Regional Manager


Gary H. Campbell, D.O.
CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

- *****
- I. **Purpose:** This procedure ensures regularly scheduled evaluations are made of the medication delivery system.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **Regional Pharmacist:** Licensed pharmacist responsible for completion of medication area inspections and as resource in all aspects of medication administration.
- III. **PROCEDURES:**
- A. A licensed pharmacist should make inspections of the medication delivery system at each institution and complete a written report on at least a quarterly basis.
- B. Written reports should be submitted to the health services administrator for that institution, the CMS regional administrator for that institution, the CMS regional manager, state director of nursing, and the designated department official. The health services administrator is responsible for submitting a corrective "action plan" to the regional pharmacist addressing any negative findings on the inspection report.

Effective Date: October 15, 1999

- C. Findings of the regional pharmacist should be reported and discussed by the health services administrator at the MAC meetings, QI meetings and staff meetings held at the institution. A copy of the latest inspection report, and a copy of the submitted "action plan", shall be available in the medication room at all times for review by all medical staff members.
- D. The regional pharmacist is available for consultations on a regular basis, through visits and by telephone contact. The pharmacist shall be able to be contacted by use of paging service. The pharmacist may be invited to QI meetings or other staff meetings to discuss pharmacy related and medication related topics.

IV. ATTACHMENTS

None.

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997. P-27.

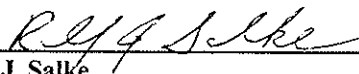
VI. HISTORY: This policy was originally covered by IS11-30.13, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

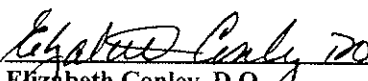
- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999

MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

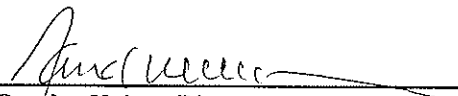
IS11-27.12 Documentation of Scheduled/
Controlled Medications

Effective Date: September 15, 2003


Ralf J. Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


Randee Kaiser, Director
Division of Offender Rehabilitative
Services

I. **Purpose:** This procedure assures adequate control and accountability for abusable, DEA-controlled, and institutionally controlled medications.

A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.

B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

A. **Abusable Medications:** Medications, which may be mood altering, psychoactive, addictive; misused and or improperly used.

B. **Procuring:** Is the act of ordering medications for the facility.

C. **DEA-Controlled Medications:** Medications regulated by the Drug Enforcement Administration. Medications that come under the jurisdiction of the Federal Controlled Substance Act.

C. **Institutionally Controlled Medications:** Medications which are considered controlled medications in a correctional facility because of abuse potential, but are not necessarily controlled by the Drug Enforcement Administration.

III. **PROCEDURES:**

A. Administration of controlled medications should be accounted for in accordance with the pharmacy laws of the State of Missouri.

Effective Date:

- B. Individual usage of all controlled medications should be documented by the health care nurse on the Controlled Substance Perpetual Inventory/Administration Record for that specific medication at the time of administration. All records pertaining to the receipt, issuance, or destruction of controlled medications are kept on file for a minimum of five years. Controlled Substance Perpetual Inventory/Administration Records will show:
1. date.
 2. time.
 3. offender's full name & ID number.
 4. amount used.
 5. waste (if indicated)
 6. full signature of staff administering medication; any waste requires two signatures.
- B. A perpetual controlled drug inventory shall be maintained for all controlled drugs received from the pharmacy. All controlled drugs will be inventoried at every shift change.
1. The bound CMS Controlled Substance Book should be used for all controlled/scheduled substances. Review, "Instruction for using a bound controlled substance book," defined in the end section of the book.
- D. The Controlled Substance Perpetual Inventory/Administration Records should be maintained accurately at all times and will indicate counts at each shift change, as well as showing receipt of controlled drugs from the pharmacy.
- E. On-coming and off-going staff should count and reconcile controlled medications at the change of each shift. The actual count of medication in the locked cabinet, the count of medication available as determined by each Controlled Substance Perpetual Inventory/Administration Record, and the Controlled Drug Count Verification shall be reconciled and accurate. All documents concerning receipt, use, and wastage of controlled substances shall be kept a minimum of five years.
- F. If the count performed at any shift change is incorrect, or any problem is noted with the use of any controlled drug, it should be reconciled before the off-going staff is released from duty. At that time, if the count is incorrect and cannot be reconciled, the off-going nurse should notify the health services administrator, director of nursing, and the shift supervisor. The superintendent and investigator for that institution shall also be notified. the regional administrator and the regional pharmacist must also be notified. An interoffice communication (IOC) should be completed and submitted to the shift supervisor before the off-going shift is released from duty. Any unexplained loss of controlled medications, regardless of quantity or value of the loss must be reported to the Drug Enforcement Administration and Bureau of Narcotics and Dangerous Drugs. The health services administrator is responsible for completing these forms and submitting them to the proper authorities; however, the director of nursing may complete these forms in the absence of the health services administrator. A copy of the completed forms must also be submitted to the regional pharmacist. The regional pharmacist also receives copies of all incident reports prepared due to the loss of the medication.
- G. Stock Controlled medications are ordered from the pharmacy using the "Controlled Substances Reorder Form". Controlled drug orders must be signed by the health services administrator before being sent to the pharmacy for processing and dispensing. Non-formulary controlled medications are ordered using MARS and are patient-specific.

Effective Date:

- H. Two medical staff members check controlled medications received from the pharmacy by placing their signatures on the order form acknowledging the accuracy and completeness of the received order. The manifest printed by the pharmacy is also checked and signed by the same two medical staff members. The signed order form, the signed manifest, and the audit stickers provided by the pharmacy are stapled together and filed as the completed invoice for these controlled drugs. Patient-specific controlled medications are received in the same manner, the MARS Prescription Summary sheet showing the order and the pharmacy's manifest stapled together to form the invoice for these controlled drugs.
- I. Controlled Substance Perpetual Inventory/Administration Records, destruction sheets, completed invoices and inventory sheets are filed for a minimum of five years and are filed for easy reference. All files are organized in chronological order based on usage date.
- J. Wastage and destruction of single doses of controlled drugs (dropped tablet, spit out tablet, half tablet, broken ampule) are indicated on the Controlled Substance Administration Record sheet for that particular medication as wastage, and requires the signature of two nurses, the nurse observing the wastage and the nursing supervisor for that shift or the director of nursing. Wastage and destruction of all controlled medications other than single-unit medication destruction is performed by the pharmacist when visiting the institution, and is documented in the CMS Controlled Substance Record Book.
- K. The regional medical director may require monitoring of additional medications to enhance control and minimize potential abuse by making these medications institutionally controlled medications, and these medications will be handled in the same manner as DEA-controlled medications.
- L. L. Controlled medications brought into the institution by offenders from the street should be inventoried by two nurses and a log sheet completed and signed to be kept with these medications until they are verified and destroyed by the Regional Pharmacist. All medications brought into the institution by an offender must be kept separated from the institution's controlled medications at all times. Medications brought into the institution by an offender may not be used for that offender at any time (Exception: Medications brought with an offender from the BIGGS Unit at Fulton State Hospital may be used until other medication is obtained for the offender). Shift change counts must be performed for all controlled medications, including those brought into the institution by offenders; and/or unless medications are deposited in a locked box accessed only by the regional pharmacist.
- M. Prescription blanks must be secured at all times and controls of these blanks are the responsibility of the health services administrator. Log sheets shall be used to indicate the usage of each prescription blank, which has been assigned to each institution, these blanks being pre-numbered. The regional pharmacist maintains the file indicating which numbered prescription blanks have been assigned to each institution. The health services administrator signs for receipt of these prescription blanks upon receipt at the institution, and faxes a copy to the regional pharmacist showing receipt.

IV. ATTACHMENTS

- A. Destruction/Return of Controlled Medications.
- B. Report of Theft or Loss of Controlled Substances.

Effective Date:

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-D-01 Pharmaceutical Operations – *essential*.
- B. CMS Controlled Substance Book

VI. HISTORY: This policy was originally covered by IS11-30.12, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date:

DESTRUCTION / RETURN CONTROLLED MEDICATIONS

Correctional Medical Services
3702 W. Truman Blvd., Ste. 104
Jefferson City, MO 65109

INSTITUTION:	DEA:
INSTITUTION:	CC#:
ADDRESS:	
DATE:	

*All medications destroyed will be destroyed by flushing down stool.
*All medications returned will be returned to : Spectrum Pharmacy Services
6705 Camille Avenue
Oklahoma City, OK 73149
DEA # BS 4773847

PATIENT	ID #	RX#	PHARMACY	MEDICATION & STRENGTH	DIRECTIONS	QTY	REASON FOR DESTRUCTION/ RETURN (circle one)
1							
2							
3							
4							
5							
6							

D.O.N. (Printed)	CMS Administrator (Printed)	Pharmacist (Printed)
D.O.N. Signature and Date	CMS Admin. Signature and Date	Pharmacist Signature and Date

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration. Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

DEA MANUAL AUTHORITY:
Diversion Investigators 5124
FFS: 630-02

1. NAME AND ADDRESS OF REGISTRANT (Include ZIP Code)	ZIP CODE <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: center; line-height: 20px;"> <div style="display: flex; justify-content: space-around; width: 100%;"> </div> </div>	2. PHONE NO. (Include Area Code)
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3. DEA REGISTRATION NUMBER 2 tr. prefix 7 digit suffix <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> </div>	4. DATE OF THEFT OR LOSS	5. PRINCIPAL BUSINESS OF REGISTRANT (Check one) <div style="display: flex; justify-content: space-between;"> <div> 1 <input type="checkbox"/> Pharmacy 2 <input type="checkbox"/> Practitioner 3 <input type="checkbox"/> Manufacturer 4 <input type="checkbox"/> Hospital/Clinic </div> <div> 5 <input type="checkbox"/> Distributor 6 <input type="checkbox"/> Methadone Program 7 <input type="checkbox"/> Other (specify) _____ </div> </div>
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6. COUNTY IN WHICH REGISTRANT IS LOCATED	7. WAS THEFT REPORTED TO POLICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	8. NAME AND TELEPHONE NUMBER OF POLICE DEPARTMENT (Include Area Code)
--	--	---

9. NUMBER OF THEFTS OR LOSSES REGISTRANT HAS EXPERIENCED IN THE PAST 24 MONTHS ?	10. TYPE OF THEFT OR LOSS (Check one and complete items below as appropriate) <div style="display: flex; justify-content: space-between;"> <div> 1 <input type="checkbox"/> Night break-in 2 <input type="checkbox"/> Armed robbery </div> <div> 3 <input type="checkbox"/> Employee pilferage 4 <input type="checkbox"/> Customer theft </div> <div> 5 <input type="checkbox"/> Other (Explain) _____ 6 <input type="checkbox"/> Lost in transit (Complete Item 14) </div> </div>
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11. IF ARMED ROBBERY, WAS ANYONE: KILLED ? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____ INJURED ? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____	12. PURCHASE VALUE TO REGISTRANT OF CONTROLLED SUBSTANCES TAKEN ? \$ _____	13. WERE ANY PHARMACEUTICALS OR MERCHANDISE TAKEN ? <input type="checkbox"/> No <input type="checkbox"/> Yes (Est. Value) \$ _____
--	---	---

14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:		
A. Name of Common Carrier	B. Name of Consignee	C. Consignee's DEA Registration Number
D. Was the carton received by the customer ? <input type="checkbox"/> Yes <input type="checkbox"/> No	E. If received, did it appear to be tampered with ? <input type="checkbox"/> Yes <input type="checkbox"/> No	F. Have you experienced losses in transit from this same carrier in the past ? <input type="checkbox"/> No <input type="checkbox"/> Yes (How Many) _____

15. WHAT IDENTIFYING MARKS, SYMBOLS, OR PRICE CODES WERE ON THE LABELS OF THESE CONTAINERS THAT WOULD ASSIST IN IDENTIFYING THE PRODUCTS ?

16. IF OFFICIAL CONTROLLED SUBSTANCE ORDER FORMS (DEA-222) WERE STOLEN, GIVE NUMBERS

17. WHAT SECURITY MEASURES HAVE BEEN TAKEN TO PREVENT FUTURE THEFTS OR LOSSES ?

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-613).

PURPOSE: Report theft or loss of Controlled Substances.

ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

Examples:	Desoxyn	Methamphetamine Hydrochloride	5 Mg Tablets	'3 x 100
	Demerol	Meperidine Hydrochloride	50 Mg/ml Vial	5 x 30 ml
	Robitussin A-C	Codeine Phosphate	2 Mg/cc Liquid	12 Pints
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I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature _____

Title _____

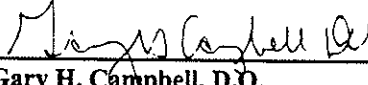
Date _____


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

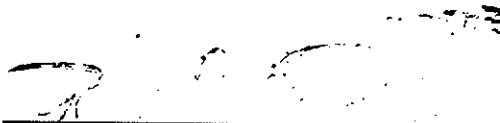
IS11-27.11 Monitoring Psychotropic
 Medications (Essential)

Effective Date: October 15, 1999


Ralf J. Salke
CMS Regional Manager


Gary H. Campbell, D.O.
CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

- I. **Purpose:** This procedure ensures the psychiatrist/institutional mental health chief receives timely notification of non-compliance and/or other medication-related problems when an offender is prescribed a psychotropic medication.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

None.

III. **PROCEDURES:**

- A. Compliance and medications-related problems of offenders prescribed psychotropic medication should be monitored by medical staff. Medical staff should notify the psychiatrist and/or institutional mental health chief of compliance problems in a timely manner.
- B. Health care staff should document medication compliance and/or availability for each offender prescribed a psychotropic medication by completing the Medication Administration Record (MAR) according to procedures established in IS11-27.8.
- C. The MAR of each offender prescribed medication by the psychiatrist should be reviewed by the nurse issuing medication on a daily basis to determine compliance.

Effective Date: October 15, 1999

- D. Whenever the MAR indicates the following, health care staff should complete the Psychotropic Medication Report (Attachment A):
1. Offender has missed two consecutive doses of medication. The nurse should complete the Psychotropic Medication Report each time two consecutive doses are missed, but a maximum of once weekly on continually non-compliant patients.
 2. Offender has a pattern of non-compliance with a specific dose of the medication.
 3. Offender reports or exhibits medication side effects, requiring psychiatric attention.
 4. Medication order will expire within 2 weeks and a new order is needed if medication is to be continued.
- E. Health care staff should also complete the Psychotropic Medication Report whenever an offender's self-report or behavior provides information about medication, which would be helpful to the psychiatrist.
- F. If the situation requires immediate attention, the institutional mental health chief should be contacted by phone to ensure prompt follow up
- G. The Psychotropic Medication Report form should be completed and the canary copy forwarded to the institutional mental health chief. The white copy of the form is filed in the medical record. The nurse completing this form document the date completed on the progress notes section on the patient's MAR.
- H. The canary copy of the Psychotropic Medication Report should be filed in the offender's medical record after review by the psychiatrist and should contain notes of patient counseling, consultations with the psychiatrist, and progress notes of actions taken to address the non-compliance problem. Orders to discontinue the medication or change the medication may be noted, but changes in medication orders must also be entered in MARS on the prescription medication screen.
- I. The decision to terminate psychotropic medications due to noncompliance shall be made by the psychiatrist, except in life-threatening situations.

IV. ATTACHMENTS

- A. 931-3815 Psychotropic Medication Report.

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997. P-27.
- B. IS11-27.8 Medication Administration Record

VI. HISTORY: This policy was originally covered by IS11-30.11, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
PSYCHOTROPIC MEDICATION REPORT

Attachment G

INMATE NAME	DOC NUMBER	LOCATION	DATE OF BIRTH

MEDICATION PRESCRIBED

DOSAGE

CURRENT STOP DATE

MEDICATION PRESCRIBED

DOSAGE

CURRENT STOP DATE

MEDICATION PRESCRIBED

DOSAGE

CURRENT STOP DATE

COMPLIANCE PROBLEM ☐ YES ☐ NO

COMMENTS

[illegible]

REPORTED BY	DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
REVIEWED BY	DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.


**MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL**

IS11-27.10 Psychotropic Medication

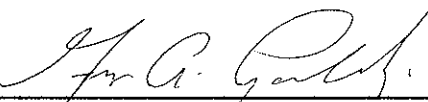
Effective Date: October 29, 2004



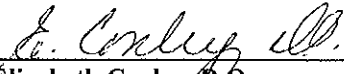
Ralf J. Salke
Senior Regional Vice President



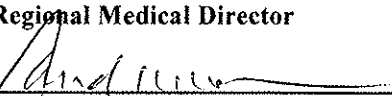
A. E. Daniel, M.D.
Director of Psychiatric Services



George A. Lombardi, Director
Division of Adult Institutions



Elizabeth Conley, D.O.
Regional Medical Director



Randee Kaiser, Director
Division of Offender Rehabilitative Services

- I. Purpose:** This procedure has been developed to ensure offenders with serious mental illness are evaluated by a psychiatrist/physician for psychotropic medication management and prescribed appropriate psychotropics in a timely manner after obtaining consent. It also outlines procedures for monitoring of such medications and for effective discharge planning including a 30-day supply of psychotropics at the time of discharge. Finally, it ensures that offenders with serious mental illness have supervised access to psychotropic medications.
- A. AUTHORITY:** 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.
- B. APPLICABILITY:** All offenders and staff in a correctional center and institutional treatment center under the jurisdiction of the Division of Adult Institution or Division of Offender Rehabilitative Services. Standard Operating Procedure specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, institutional psychiatrist, institutional chief of mental health services, other professional health providers, and the superintendent/designee.
- C. SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. DEFINITION:**
- A. Clinical Necessity:** Denotes a determination that the offender/patient mental illness interferes with his/her functioning in the institution and requires psychotropic medication management. The offender/patients whose functioning interferes with institutional adjustment without being dangerous to self or others. Clinical necessity also pertains to those who are gravely disabled or those who pose a future likelihood of harm to self or others if treatment is not instituted. For those in the latter group, if consent is denied, a clinical due process hearing may be initiated to institute involuntary medication management (IS12-6.1, Forced and Involuntary Psychotropic Medications).

Effective Date: October 29, 2004

- B. **Non-Compliance:** An offender/patient who is on psychotropic medication and has missed all doses of medication for five consecutive days or has missed 50% of all doses in a given month.
- C. **Psychotropic Medications:** Those pharmacological agents with psychoactive properties, generally prescribed by a qualified psychiatrist/physician to treat mental disorders.
- D. **Qualified Mental Health Professional:** Includes psychiatrist/physician, psychologist, psychiatric social worker, licensed professional counselor, psychiatric nurse, and others who by virtue of their education, credential/s, and experience are permitted by law to evaluate and care for the mental health needs of patients.
- E. **Watch-Take:** Occurs when an offender/patient takes a medication under direct supervision of a nurse.

III. PROCEDURES:

- A. **Intake Facility:** When an offender enters the Department of Corrections at a Diagnostic and Classification Center with a history of current psychotropic medication, such medication will be verified. Upon verification of the medication prescription, a psychiatrist/physician assigned to that institution will be contacted for a 14-day interim order. The following four steps will be completed on the day of arrival of the offender to the facility:
 - 1. The intake nurse will complete the Intake Mental Health Screening form (Attachment A) and forward it to the mental health staff for review.
 - 2. The mental health staff member will forward the Intake Mental Health Screening form to the mental health nurse to verify prescription/s.
 - 3. The mental health nurse will contact the psychiatrist/physician for a 14-day interim order for all verified prescriptions and schedule the patient to be seen by the psychiatrist/physician within 7-days.
 - 4. The psychiatrist/physician may choose to order any or all of the medication on an interim basis upon his/her clinical judgment.
- B. **Prescription Practice:** Psychiatrists and physicians associated with a mental health program are permitted to prescribe psychotropic medications based on clinical necessity and medical judgment.
 - 1. Informed consent for psychotropic medication use must be obtained and documented by completion of a Medication Consent form (Attachment B). This form is retained in the medical record. Indications for medication and possible major side effects are explained to the offender/patient by the psychiatrist/physician prescribing the medication/s. The offender/patient will be provided with a medication information sheet pertaining to prescribed medication/s printed from the medical accountability record system.
 - a. An offender/patient is also informed that refusals or no shows for medication will not be accepted, and an offender/patient who refuses prescribed medication will be required to sign a Refusal of Treatment/No Show form (Attachment C).

Effective Date: October 29, 2004

2. Psychotropic medications are ordered for no longer than 90-days. All orders are entered in the medical accountability record system (MARS). Limited duration orders are acceptable.
3. Psychotropic medications in the MoDOC formulary are preferred. Psychotropic medications not available in the formulary shall require the psychiatrist or physician to request authorization via MARS from the Director of Psychiatric Services as per procedure for non-formulary medication request.
4. Psychotropic medication orders for emergency use shall not exceed 7-days.
5. All offenders/patients requiring emergency evaluation and management for psychotropic medication shall be referred to a psychiatrist/physician who shall evaluate the offender/patient within 7-days whenever emergency psychotropic medication is ordered using Referral and Screening Note – Mental Health Services form (Attachment D).
6. All offenders/patients discharged from Biggs Correctional Treatment Unit, Social Rehabilitation Unit, or Correctional Treatment Center shall be seen by the site psychiatrist/physician within three working days of the offender/patient release.
7. Psychotropic medications prescribed for offender/patients who are transferred from Biggs Correctional Treatment Unit must be continued as prescribed for at least 30-days unless serious side effects occur and/or significant mental status change ensues. Except in an emergency, any change of medication requires the approval of the Director of Psychiatric Services.

C. Medication Administration and Follow-Up:

1. Psychotropic medication shall be administered by nursing staff in accordance with IS11-27.5 Medication Administration, IS11-27.6 Prescribing Authority and Stop Dates, IS11-27.7 Transcription of Medication and Telephone Orders, and IS11-27.8 Medication Administration Record procedures.
2. All psychotropic medication ordered by the psychiatrist/physician must be issued watch-take, dose by dose.
3. Offender/patients prescribed psychotropic medications shall receive psychiatric follow up at least monthly and be assessed for potential mental status changes and serious side effects including Tardive Dyskinesia. The Abnormal Involuntary Movement Scale (AIMS) form (Attachment E) shall be completed every six months on all offenders/patients who are on antipsychotic medications. The completed AIMS form will be filed within the medical record.

D. Monitoring:

1. Compliance and medication related problems of offender/patients prescribed psychotropic medication shall be monitored by medical staff. Medical staff will notify the institutional chief of mental health services/designee of compliance problems weekly. Upon assessment, mental health staff may refer the offender/patient to the psychiatrist/physician based upon urgency of need.
2. Health care staff shall document medication compliance and/or availability for each offender/patient prescribed a psychotropic medication by completing the Medication

Effective Date: October 29, 2004

Administration Record (MAR) form (Attachment F) according to procedure established in IS11-27.8 Medication Administration Record.

3. Whenever the medication administration record indicates the following, health care staff shall complete the Psychotropic Medication Report form (Attachment G).
 - a. Offender/patient has missed five consecutive days of medication or 50% of any prescribed medication during a given month.
 - b. Offender/patient reports or exhibits severe medication side effects, requiring immediate psychiatric attention. If the situation requires immediate attention, the on-call psychiatrist/physician shall be contacted by phone to ensure prompt intervention and follow up.
 - c. When a medication order will expire within five days a new order is needed if medication is to be continued.
4. The Psychotropic Medication Report form shall be completed and the canary copy forwarded to the Institutional Chief of Mental Services. The white copy of the form is filed in the medical record. The nurse completing this form shall document the date completed on the progress note section in MARS.
5. All medication changes made by the psychiatrist/physician shall be documented in MARS.
6. The decision to terminate psychotropic medications due to non-compliance shall be made by the psychiatrist/physician, except in life-threatening situations.
7. If an offender/patient misses two consecutive psychiatrist/physician appointments, psychotropic medication will be discontinued by the psychiatrist/physician until the offender/patient agrees to resume treatment or as determined by the psychiatrist/physician based upon clinical necessity. A decision to discontinue medication will be made following a face-to-face contact with the offender/patient by the psychiatrist/physician.

E. Intrasystem Transfers:

1. Mental health staff at each facility under the direction of the institutional chief of mental health services will check all pending transfers on a weekly basis at a minimum to determine the MH-mental health score of offenders/patients transferring into the facility.
2. If a transferring offender/patient has a mental health score of three or higher, the offender/patient's MARS record will be checked to determine if the offender/patient is on psychotropic medication noting the expiration date of the psychotropic medication order.
3. All mental health three and four offender/patients transferring into the facility will be seen by a qualified mental health professional.
 - a. Mental health MH-3 will be seen within 14 days of transfer.
 - b. Mental health MH-4 will be seen the next business day of transfer.

4. Mental health staff will notify the medication nurse that an offender/patient on psychotropic medication is being transferred into the facility.
5. Offenders/patients on psychotropic medications will be scheduled to see a psychiatrist/physician within 10-days of expiration of current medications.
6. Mental health staff at the transferring facility will contact mental health staff at the receiving facility via telephone regarding all mental health MH-4 transfers and provide necessary clinical information for continuity of care.

F. Discharge Planning:

1. Mental health staff will obtain a parole list from the institutional parole officer on a weekly basis.
2. Mental health staff will notify the psychiatrist/physician and medication nurse of all pending paroles/discharges.
3. Mental health staff will prepare a discharge summary and forward it to the institutional parole office within 30-days of discharge.
4. All offenders/patients on psychotropic medications shall receive a 30-day supply of discharge medication in childproof containers at the time of release.
5. Mental health staff will meet with discharging offenders/patients on psychotropic medications individually or in group within 30-days of the discharge to review discharge plans, and encourage medication compliance.
6. If a discharge is unexpected, the medication nurse will obtain a 5 day supply of medication from the local pharmacy to be sent with the offender/patient. If the offender/patient leaves prior to medication being obtained, the medication nurse will express delivery the medication to the offender/patient's address that day. The remainder of the 30-day medication will be obtained from the pharmacy provider and mailed to the offender/patient.
7. Release medications will be documented by the issuing health care staff member in the medical accountability record system progress note entry.
 - a. The name and amount of medication/s will be documented in the progress note entry.

IV. ATTACHMENTS

- | | | |
|----|----------|--|
| A. | 931-3757 | Intake Mental Health Screening |
| B. | 931-4189 | Medication Consent Form |
| C. | 931-1832 | Refusal of Treatment/No Show |
| D. | 931-1572 | Referral and Screening Note – Mental Health Services |
| E. | 931-4190 | Abnormal Involuntary Movement Scale (modified) |
| F. | 931-3496 | Medication Administration Record |
| G. | 931-3815 | Psychotropic Medication Report |

Effective Date: October 29, 2004

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-G-04 Mental Health Services – *essential*, P-E-05 Mental Health Screening and Evaluation – *essential*, P-D-02 Medication Services – *essential*.
- B. IS11-27.5 Medication Administration
- C. IS11-27.6 Prescribing Authority and Stop Dates
- D. IS11-27.7 Transcription of Medication and Telephone Orders
- E. IS11-27.8 Medication Administration Record
- F. IS12-6.1 Forced and Involuntary Psychotropic Medications
- G. IS20.3.2 Use of Force Reporting Procedures

VI. HISTORY: This procedure was originally covered by IS11-30.10 Psychotropic Medication Procedure, located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date: **October 29, 2004**



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
INTAKE MENTAL HEALTH SCREENING

Attachment A

OFFENDER NAME		DOC NUMBER	RACE	DATE OF BIRTH
SUICIDE POTENTIAL SCREENING		(CIRCLE)		
1. ARRESTING OR TRANSPORTING OFFICER BELIEVES SUBJECT MAY BE SUICIDE RISK	YES	NO		
2. LACKS CLOSE FAMILY/FRIENDS IN COMMUNITY	YES	NO		
3. EXPERIENCED A SIGNIFICANT LOSS WITHIN LAST 6 MONTHS (LOSS OF JOB, RELATIONSHIP, DEATH OF CLOSE FAMILY MEMBER).	YES	NO		
4. WORRIED ABOUT MAJOR PROBLEMS OTHER THAN LEGAL SITUATION (TERMINAL ILLNESS).	YES	NO		
5. EXPRESSES THOUGHTS ABOUT KILLING SELF.	YES	NO		
6. HAD A SUICIDE PLAN AND/OR SUICIDE INSTRUMENT IN POSSESSION.	YES	NO		
7. HAD PREVIOUS SUICIDE ATTEMPT. (CHECK WRISTS & NOTE METHOD).	YES	NO		
8. EXPRESSES FEELINGS THAT THERE IS NOTHING TO LOOK FORWARD TO IN THE FUTURE (FEELINGS OF HELPLESSNESS AND HOPELESSNESS).	YES	NO		
9. SHOWS SIGNS OF DEPRESSION (CRYING, EMOTIONAL FLATNESS).	YES	NO		
10. APPEARS OVERLY ANXIOUS, AFRAID OR ANGRY.	YES	NO		
11. APPEARS TO FEEL UNUSUALLY EMBARRASSED OR ASHAMED.	YES	NO		
12. IS ACTING AND/OR TALKING IN A STRANGE MANNER. (CANNOT FOCUS ATTENTION; HEARING OR SEEING THINGS NOT THERE).	YES	NO		
13. IS APPARENTLY UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.	YES	NO		
IF YES TO #13, IS INDIVIDUAL INCOHERENT OR SHOWING SIGNS OF WITHDRAWAL OR MENTAL ILLNESS.	YES	NO		
TOTAL YES'S = IF THERE ARE ANY CIRCLES IN SHADED AREAS, OR TOTAL OF YES'S IS 6 OR MORE, ALERT SHIFT SUPERVISOR AND REFER FOR MENTAL HEALTH EVALUATION.				
MENTAL HEALTH HISTORY		(CIRCLE)		
1. NOW TAKING PSYCHOTROPIC MEDICATION? TYPE: CURRENT DOSAGE: SOURCE:	YES	NO		
2. HISTORY OF PSYCHIATRIC HOSPITALIZATION? WHEN: WHERE:	YES	NO		
3. HISTORY OF OUTPATIENT MENTAL HEALTH TREATMENT? WHEN: WHERE:	YES	NO		
MENTAL HEALTH HISTORY (CON'T)				
(CIRCLE)				
4. HISTORY OF VIOLENCE OR ASSAULT TO CAUSE INJURY ONLY? WHEN:				
5. HISTORY OF SEX OFFENDING? WHEN:				
6. HISTORY OF BEING SEXUALLY VICTIMIZED? WHEN: WHERE:				
7. HISTORY OF SERIOUS HEAD TRAUMA WITH LOC AND/OR SEIZURES? WHEN:				
BEHAVIORAL OBSERVATIONS CIRCLE AND COMMENT ON ANY PROBLEMS IN THE FOLLOWING AREAS:				
• GROOMING & HYGIENE:				
• MOTOR ACTIVITY:				
• ATTENTION & CON:				
• ORIENTATION (PERSON/PLACE/TIME/SITUATION):				
• SPEECH RATE:				
• UNUSUAL SPEECH CONTENT (HALLUCINATIONS, DELUSIONAL IDEAS):				
• MOOD & EMOTIONALITY:				
• PROBLEMS WITH EXPRESSING SELF OR UNDERSTANDING INSTRUCTIONS (IQ CONCERN):				
MENTAL HEALTH NEEDS AND TREATMENT DISPOSITION				
<input type="checkbox"/> No current mental health problems / No mental health history / Approved for general population housing.				
<input type="checkbox"/> No current mental health problems / Reports mental health history / Approved for general population housing.				
<input type="checkbox"/> Active mental disorder symptoms / Refer to qualified mental health staff, ASAP .				
Acutely suicidal, homicidal or psychotic / Emergency referral to qualified mental health staff.				
SCREENED BY		DATE	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
REVIEWED BY QUALIFIED MENTAL HEALTH PROFESSIONAL		DATE	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
MEDICATION CONSENT

Attachment B

I, _____, # _____, agree to

treatment with the following medications in the dosage recommended to me by the psychiatrist:

1. _____
2. _____
3. _____

I have been made aware that the following are benefits which may occur through taking these medications:

I have been made aware that possible side effects of taking these medications may be:

I voluntarily agree to take the medication(s) listed above as prescribed by the psychiatrist. I understand that this permission may be revoked at my discretion. I have had an opportunity to ask questions I wished to ask.

PHYSICIAN'S SIGNATURE

OFFENDER'S SIGNATURE

DATE

WITNESS

I have been advised to take the medication(s) listed above, but I am unwilling to take the medications as recommended. The possible consequences of not taking the medications have been explained to me. Specifically:

PHYSICIAN'S SIGNATURE

OFFENDER'S SIGNATURE

DATE



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
REFUSAL OF TREATMENT/NO SHOW

Attachment C

INSTITUTION

NO SHOW ☐ MEDICATIONS ☐ NURSING ☐ DOCTOR ☐ DENTAL ☐ MENTAL HEALTH
REFUSAL OF TREATMENT

On this date, against medical advice, I am refusing the following treatment:

- ☐ 1. Medical care/treatment _____ MUST COMPLETE
- ☐ 2. Dental care/treatment _____ MUST COMPLETE
- ☐ 3. Mental Health _____ MUST COMPLETE

This treatment was offered and made available to me by the Department of Corrections/Correctional Medical Services/Mental Health Services.

My signature will verify that possible complications as a result of my refusal of such treatment have been fully explained to me. I hereby relieve the physicians, medical/dental/mental health staff and Department of Corrections of any and all responsibilities relative to this refusal of offered and available care/treatment. --

OFFENDER NAME (PRINT OR TYPE)	DOC NUMBER	OFFENDER SIGNATURE	DATE
WITNESS	DATE	WITNESS	DATE

MO 931-1832 (3-00)



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
REFUSAL OF TREATMENT/NO SHOW

INSTITUTION

NO SHOW ☐ MEDICATIONS ☐ NURSING ☐ DOCTOR ☐ DENTAL ☐ MENTAL HEALTH
REFUSAL OF TREATMENT

On this date, against medical advice, I am refusing the following treatment:

- ☐ 1. Medical care/treatment _____ MUST COMPLETE
- ☐ 2. Dental care/treatment _____ MUST COMPLETE
- ☐ 3. Mental Health _____ MUST COMPLETE

This treatment was offered and made available to me by the Department of Corrections/Correctional Medical Services/Mental Health Services.

My signature will verify that possible complications as a result of my refusal of such treatment have been fully explained to me. I hereby relieve the physicians, medical/dental/mental health staff and Department of Corrections of any and all responsibilities relative to this refusal of offered and available care/treatment.

OFFENDER NAME (PRINT OR TYPE)	DOC NUMBER	OFFENDER SIGNATURE	DATE
WITNESS	DATE	WITNESS	DATE

MO 931-1832 (3-00)



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

Attachment D

REFERRAL AND SCREENING NOTE - MENTAL HEALTH SERVICES

REFERRAL SECTION: (REFERRING STAFF USE ONLY)

OFFENDER NAME	DOC NUMBER	HU/CELL/BED
REFERRING STAFF SIGNATURE & TITLE	DATE OF REFERRAL	INSTITUTION

REASON FOR REFERRAL

Observed Behaviors (Check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Inappropriate smiling | <input type="checkbox"/> Overly suspicious | <input type="checkbox"/> Hopeless/pessimistic | <input type="checkbox"/> Overly anxious |
| <input type="checkbox"/> Irrational speech | <input type="checkbox"/> Overly hostile | <input type="checkbox"/> Self-injurious behavior | <input type="checkbox"/> Very self-critical |
| <input type="checkbox"/> Disorientation | <input type="checkbox"/> Sees things not there | <input type="checkbox"/> Very sad/crying | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Loss of memory | <input type="checkbox"/> Hears things not there | <input type="checkbox"/> Extremely irritable | <input type="checkbox"/> Emotionally flat |
| | | <input type="checkbox"/> Overactive/pacing | <input type="checkbox"/> Strange posture/mannerism |

SCREENING RESULTS (MENTAL HEALTH PROFESSIONAL'S USE ONLY)

Topics To Be Addressed

S - Subjective (presenting problem, chief complaint)
O - Objective (current mental status)

A - Assessment (diagnostic impression)
P - Plan (referral, follow-up, client instructions)

Optional Topics

- | | | |
|-----------------------------------|-------------------------|-------------------|
| • MH and SA Treatment History | • Diagnostic Impression | • MH Score Update |
| • Pertinent Psychological History | • Psychodynamics | • SR Score Update |
| • Psychological Testing Results | • Treatment Plan | |

SIGNATURE	TITLE	DATE
-----------	-------	------



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

Attachment E Page 1

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

LOCATION

NAME

DOC NUMBER

DOB

GENDER

CURRENT MEDICATIONS

FACIAL AND ORAL
MOVEMENTS

MUSCLES OF FACIAL EXPRESSION: movements of eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing

CIRCLE ONE

0 1 2 3 4

LIPS AND PERIORAL AREA: puckering, pouting, smacking

0 1 2 3 4

JAW: biting, clenching, chewing, mouth opening, lateral movement

0 1 2 3 4

TONGUE: rate only increases in movement both in and out of mouth
NOT inability to sustain movement

0 1 2 3 4

EXTREMITY
MOVEMENTS

UPPER (arms, wrists, hands, fingers): include choreic movements (rapid, objectively, purposeless, irregular, spontaneous), athetoid movements (slow, irregular, complex, serpentine). DO NOT INCLUDE tremor (repetitive, regular rhythmic).

0 1 2 3 4

LOWER: (legs, knees, ankles, toes): lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot

0 1 2 3 4

TRUNK
MOVEMENTS

NECK, SHOULDERS, HIPS: rocking, twisting, squirming, pelvic gyrations

0 1 2 3 4

GLOBAL
JUDGMENTS

SEVERITY OF ABNORMAL MOVEMENTS

0 1 2 3 4

INCAPACITATION DUE TO ABNORMAL MOVEMENTS

0 1 2 3 4

PATIENT'S AWARENESS OF ABNORMAL MOVEMENTS
RATE ONLY PATIENT'S REPORT

0 1 2 3 4

DENTAL
STATUS

CURRENT PROBLEMS WITH TEETH AND/OR DENTURES

No 0
Yes 1

DOES PATIENT USUALLY WEAR DENTURES?

No 0
Yes 1

TOTAL SCORE ►

PHYSICIAN SIGNATURE

DATE

INSTRUCTIONS

Complete Examination Procedures (below) before making ratings.

MOVEMENT RATINGS: Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously.

CODES:

- 0 - NONE
- 1 - MINIMAL, MAY BE EXTREME NORMAL
- 2 - MILD
- 3 - MODERATE
- 4 - SEVERE

EXAMINATION PROCEDURES

Either before or after completing the Examination Procedure, observe the patient unobtrusively at rest (e.g., in waiting room).

The chair to be used in this examination should be a hard, firm one without arms.

1. Ask patient whether there is anything in his/her mouth (i.e., gum, candy, etc.), and if there is, to remove it.
2. Ask patient about the current condition of his/her teeth. Ask if he/she wears dentures. Do teeth or dentures bother patient now? Remove them.
3. Ask patient whether he/she notices any movement in mouth, face, hands, or feet. If yes, ask to describe and to what extent they currently bother patient or interfere with his/her activities.
4. Have patient sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at entire body for movements while in this position.)
5. Ask patient to sit with hands hanging unsupported. If male, between legs, if female and wearing a dress, hanging over knees. (Observe hands and other body areas.)
6. Ask patient to open mouth. (Observe tongue at rest within mouth/look for fasciculations.) Do this twice.
7. Ask patient to protrude tongue. (Observe abnormalities of tongue movement.) Do this twice.
8. Ask patient to tap thumb, with each finger, as rapidly as possible for 10-15 seconds; separately with right hand, then with left hand. (Observe facial and leg movements.)
9. Flex and extend patient's left and right arms (one at a time). Note any rigidity and RATE SEPARATELY.
10. Ask patient to stand up. (Observe in profile. Observe all body areas; again, hips included.)
11. Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)
12. Have patient walk a few paces, turn and walk back to chair. (Observe hands and gait.) Do this twice.



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
MEDICATION ADMINISTRATION RECORD

[illegible]



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
PSYCHOTROPIC MEDICATION REPORT

Attachment G

INMATE NAME	DOC NUMBER	LOCATION	DATE OF BIRTH
-------------	------------	----------	---------------

MEDICATION PRESCRIBED

DOSAGE

CURRENT STOP DATE

MEDICATION PRESCRIBED

DOSAGE

CURRENT STOP DATE

MEDICATION PRESCRIBED

DOSAGE

CURRENT STOP DATE

COMPLIANCE PROBLEM ☐ YES ☐ NO

COMMENTS

REPORTED BY

DATE

TIME

☐ A.M.
☐ P.M.

REVIEWED BY

DATE

TIME

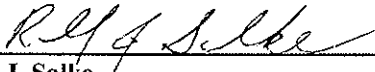
☐ A.M.
☐ P.M.

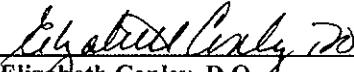
**MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL**

IS11-27.9


Medication Errors

Effective Date: August 25, 2003


Ralf J. Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


Randee Kaiser, Director
Division of Offender Rehabilitative
Services

- I. **Purpose:** This procedure is to aid in identification of trends in the practice of administering medication requiring corrective action.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- None.
- III. **PROCEDURES:**
- A. Every effort should be made to prevent medication errors through the pharmacist's supervision of the preparation of medications at the pharmacy.
- B. Medication errors should be documented on the Medication Error Report (Attachment A) and investigated promptly by the nurse on duty and the health services administrator or designee.
- C. All medication, whether administered by intent or through error, should be documented on the offender's MAR.
- D. If a wrong medication or dosage is administered, the nurse should notify the physician immediately for instructions.
1. The nurse should implement any instructions received, including offender assessment and monitoring.

Effective Date:

2. Medical orders received should be documented in MARS.
 3. Nursing interventions should be documented in MARS.
 4. The Medication Error Report shall be completed, forwarded, and the incident brought to the attention of the administrator or designee immediately.
 5. The Medication Error Report will be reviewed at the next quality improvement meeting.
 6. The Medication Error Report should not be filed in the offender's medical record, but kept in the health services file.
- E. Medication errors that occur due to pharmacy dispensing errors are indicated on one of three error forms and are brought to the attention of the pharmacy by faxing the form to the pharmacy. The pharmacy is also telephoned to confirm receipt of the fax and to discuss corrective action to address the error.
1. Prescription Incident Report Form (Attachment B) (wrong patient, wrong dosage, wrong strength, wrong drug, etc.)
 2. Mis-shipment of Medications Report Form (Attachment C).
 3. Missing Medications Report Form (Attachment D).
- F. A copy of all error reports in Section III.E. should be forwarded to the Regional Pharmacist. Reviews of errors identified should be available to the MDOC monitoring team as requested.

IV. ATTACHMENTS

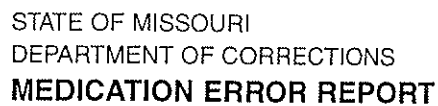
- | | | |
|----|----------|--|
| A. | 931-3806 | Medication Error Report (Revised 2003) |
| B. | | Prescription Incident Report |
| C. | | Misshipment of Medications Report Form |
| D. | | Missing Medications Report Form. |

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-D-01 Pharmaceutical Operations – *essential*, P-D-02 Medication Services – *essential*, and P-A-06 Continuous Quality Improvement – *essential*.

VI. HISTORY: This policy was originally covered by IS11-30.9 located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- | | | |
|----|--------------------------|------------------|
| A. | Original Effective Date: | August 15, 1994 |
| B. | Revised Effective Date: | October 15, 1999 |
| C. | Revised Effective Date: | |



MO 931-3806 (10-03)

PRESCRIPTION INCIDENT REPORT

DATE: _____

UTILITY COST CENTER # _____ LOCATION _____

CALL 1-888-200-9060 IMMEDIATELY - FAX ALL COPIES 1-888-200-7774
FEDEX ALL MEDICATIONS BACK TO SPECTRUM PHARMACY

Completing Form:

called SPS, who did you speak to?

Date Original Order Faxed:

Prescription (Rx) #:

Rx AS WRITTEN

Actual Rx Label

CONTENTS IN BLISTER PACK IF DIFFERENT THAN LABEL: (Photocopy)

PHYSICIAN: _____ PHYSICIAN'S PHONE NUMBER: _____

PATIENT TAKE ANY OF DISPENSED MEDICATION? IF SO, HOW MANY: _____

DESCRIBE EFFECTS: _____

OTHER PERTINENT FACTS

SIGNATURE: _____

Correctional Medical Services
SPECTRUM PHARMACY SERVICES
FAX: 1-888-200-7774

MISSHIPMENTS OF MEDICATIONS REPORT FORM

Complete the following form and fax to Spectrum Pharmacy-Attn: Warehouse. **IMMEDIATELY CALL THE PHARMACY WAREHOUSE (1-888-200-9060 Ext. 22) TO ALERT THEM OF THE PROBLEM. REMINDER: The pharmacy must be notified on a daily basis of all changes in patient locations by faxing the PATIENT RELEASE / TRANSFER FORMS.**

Facility Number Receiving Medication: _____

Facility Name Receiving Medication: _____

Facility to Which Medication Should Have Been Sent: _____

Medications: If only a few medications are involved: include Patient's Name, ID Number, Drug, Quantity, etc., or fax copies of misshipped order sheets along with this form if available. IF AN ENTIRE BOX OF MEDICATIONS IS MISSHIPPED, DO NOT UNPACK—CALL THE PHARMACY WAREHOUSE IMMEDIATELY FOR INSTRUCTIONS.

Individual Completing Form: _____

Date: _____

(Keep this form in "active" file until resolved, following check-off procedures. Then transfer to "completed" file, making note of action taken(i.e. pharmacy will pick up for transfer, pharmacy will resend and you should return medication with your normal returns, etc.)

NOTE/ACTION TAKEN:

Correctional Medical Services
SPECTRUM PHARMACY SERVICES
FAX: 1-888-200-7774

MISSING MEDICATION REPORT FORM

First, refer to copies of orders returned from the pharmacy marked with notes (i.e. "back-ordered", "too soon", etc.) to determine a reason for not receiving the expected medication. (Was box shipped "ground" and will arrive later?) If a medication is missing for an undetermined or incorrect reason, immediately fax this form, along with the copy of the order sheet (new order sheet, refill sticker sheet, etc.) which was returned from the pharmacy in the box. Call Spectrum Pharmacy (1-888-200-9060) to alert them of the problem. If an entire order is missing, or if several sheets of orders are missing, call the warehouse (1-888-200-9060 Ext. 22) for instructions and status of the order.

ALWAYS REPORT MISSING MEDICATION WITHIN 72 HOURS, using this form, and following "check-off" procedures for receiving medications.

Facility Name: _____

Facility Number: _____

Patient's Name: _____

Patient's ID Number: _____

Medication Ordered: _____

Rx Number (if a refill): _____

Date of New Order or Refill Request Date: _____

Supervisor's Signature: _____

Individual Who Noted Missing Medication: _____

Date: _____

(Keep this form in "active" file until resolved, following check-off procedures. Make a note of resolution: new order was needed, refill was too soon and will be reordered later, pharmacy will resend medication, etc. Move to "completed" file when resolved.)

NOTE/ACTION TAKEN:

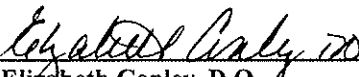
**MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL**

**IS11-27.8 Medication Administration Record-
MAR**

Effective Date: October 6, 2003



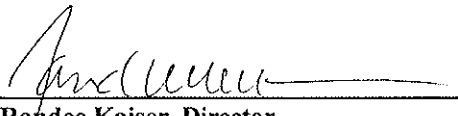
Ralf J. Salke
Senior Regional Vice President



Elizabeth Conley, D.O.
Regional Medical Director



George A. Lombardi, Director
Division of Adult Institutions



Randee Kaiser, Director
Division of Offender Rehabilitative
Services

I. Purpose: This procedure ensures all medication given is documented on the offender's Medication Administration Record.

A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.

B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. DEFINITION:

A. **MAR:** Medication Administration Record

III. PROCEDURES:

A. Every effort should be made to insure that patient's have one original MAR (Attachment A) for indicating all prescribed medications received. Additional MAR sheets used for specific medications (insulin, TB medications, psychotropic, and other watch-take medications) may be utilized if needed. All prescription KOP (keep on person) medications, physician-ordered OTC medications, and practitioner cards used must be transcribed onto the patient's original MAR sheet.

B. Each MAR will contain:

1. offender full name,
2. offender id number,
2. cell location (should be changed on the MAR if the offender is moved),

Effective Date:

3. allergies to medications-NKA may be used if the offender states "No Known Allergies". allergy information shall be updated and changed by the pharmacy when notified of such changes by the nursing staff;
 4. applicable month and year, and
 5. each MAR may only be used for one-month length of time.
- C. Health care staff should initial on the MAR the medications that were administered watch take dose-by-dose. KOP medication issued should show date issued, quantity issued and initials of issuing nurse, as well as signature of patient showing receipt of the KOP medication.
- D. Medication orders should be transcribed on the MAR after prescribed by the practitioner.
1. A new MAR should be generated each month.
 2. Existing orders from previous months, which are listed on the pre-printed MAR, should be checked for accuracy before the MAR is utilized for the issuing of medication.
 3. The nurse checking the pre-printed MAR sheets after receipt from the pharmacy shall initial each entry showing verification of the check.
 4. The quantity of each medication issued the previous month and the date previously issued should be indicated on the new month's MAR sheet for reference.
- E. The following information is transcribed onto the MAR:
1. start date,
 2. stop date,
 3. nurse initials: Initials of the nurse transcribing the new order, checking the pre-printed MAR sheets for accuracy and completeness, or issuing medications,
 4. drug name, dosage of drug, mode of administration (if other than by mouth), and directions for use,
 5. times of administration.
- F. Health care staff designated to administer medication should sign their name, date and identifying initials in the appropriate area on the MAR.
- G. A line should be drawn blocking out all dates on the MAR that are not included in the start/stop dates (e.g., start date January 5/stop date January 12. A line is drawn through the blocks for January 1-4 and January 13-31).
- H. Discontinued orders should be marked D/C on the date discontinued and the remaining MAR space blocked out. Discontinued medications will be so noted in MARS on the prescription medication screen by the practitioner if the discontinue order causes the medication to be stopped prior to the originally intended stop date of the order.
- I. Staff administering medications will document in the appropriate date and time square on the MAR. The following codes should be used:
1. Nurses initials: medication administered to offender.
 2. D/C: discontinued order.
 3. R: offender refused medication. Offender signs a Refusal of Treatment form (Attachment B) for the medical record.

Effective Date:

4. NS: patient was a "no show" for this dose.
 5. DO: dose omitted, with explanation on back of MAR.
 6. O: Any other reason offender does not receive the prescribed medication (out to court, etc.). Explanation should be on the back of MAR.
- J. Over-the-counter medications prescribed by the practitioner should be documented on the patient's MAR; over-the-counter medications given during nursing sick call must be entered in MARS on the non-prescription medication screen, but does not need to be transcribed onto the MAR.
- K. Offenders will sign showing receipt of all medications. While the patient's original MAR is the preferred document to sign for receipt of medications the patient's MSR (Attachment C) may be signed for receipt of over the counter medications given during sick-calls (nursing sick call, physician sick call, dental sick-call).
- L. Progress notes and treatment notes are entered in MARS. The back of the MAR may also be used to indicate notes concerning medication-issuing concerns.
- M. Communication should exist between the medication room staff, chronic care nurse, infectious disease nurse, and responsible physician so that orders for chronic medications approaching the stop date may be identified to permit scheduling of the offender for physician sick call or for medication review for reorder. The medication room nurse shall notify the responsible physician of orders which the pharmacy was unable to honor and which will affect the delivery of that medication to the offender.
- N. Completed MAR sheets should be filed in the offender's medical record. MSR's should be filed in the offender's medical record.
- O. The health services administrator/designee will regularly review medication administration records for appropriate completion.

IV. ATTACHMENTS

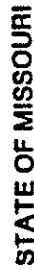
- | | | |
|----|----------|--|
| A. | 931-3496 | Medication Administration Record (MAR) |
| B. | 931-7832 | Refusal of Treatment Form |
| C. | 931-1319 | Medical Services Request |

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-D-01 Pharmaceutical Operations – *essential*, P-D-02 Medication Services – *essential*.
- B. IS11-27.05 Medication Administration
- C. IS11-71 Right to Refuse Treatment

VI. HISTORY: This policy was originally covered by IS11-30.8, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- | | | |
|----|--------------------------|------------------|
| A. | Original Effective Date: | August 15, 1994 |
| B. | Revised Effective Date: | October 15, 1999 |
| C. | Revised Effective Date: | |



**DEPARTMENT OF CORRECTIONS
MEDICATION ADMINISTRATION RECORD**

[illegible]



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
REFUSAL OF TREATMENT

INSTITUTION

On this date, against medical advice, I am refusing the following treatment:

☐ 1. Medical care/treatment _____

MUST COMPLETE

☐ 2. Dental care/treatment _____

MUST COMPLETE

This treatment was offered and made available to me by the Department of Corrections/Correctional Medical Services.

My signature will verify that possible complications as a result of my refusal of such treatment have been fully explained to me. I hereby relieve the physicians, medical/dental staff and Department of Corrections of any and all responsibilities relative to this refusal of offered and available care/treatment.

OFFENDER NAME (PRINT OR TYPE)	DOC NUMBER	OFFENDER SIGNATURE	DATE
WITNESS	DATE	WITNESS	DATE

MO 931-1832 (10-99)



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
REFUSAL OF TREATMENT

INSTITUTION

On this date, against medical advice, I am refusing the following treatment:

☐ 1. Medical care/treatment _____

MUST COMPLETE

☐ 2. Dental care/treatment _____

MUST COMPLETE

This treatment was offered and made available to me by the Department of Corrections/Correctional Medical Services.

My signature will verify that possible complications as a result of my refusal of such treatment have been fully explained to me. I hereby relieve the physicians, medical/dental staff and Department of Corrections of any and all responsibilities relative to this refusal of offered and available care/treatment.

OFFENDER NAME (PRINT OR TYPE)	DOC NUMBER	OFFENDER SIGNATURE	DATE
WITNESS	DATE	WITNESS	DATE

MO 931-1832 (10-99)



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
MEDICAL SERVICES REQUEST

NAME OF INSTITUTION

INMATE'S NAME

REGISTER NUMBER

DATE

GUARD UNIT

WORK ASSIGNMENT

CHIEF COMPLAINT

CURRENT MEDICATIONS

WHICH EXISTING DISEASES HAVE BEEN DIAGNOSED?

PATIENT'S SIGNATURE

DATE

TIME

NURSING ASSESSMENT (USE SOAP FORMAT)

NURSE'S SIGNATURE

DATE

TIME

PHYSICIAN VISIT NOTES (USE SOAP FORMAT)

PHYSICIAN'S ORDERS

DISPENSE PERMITTED

PHYSICIAN SIGNATURE

DATE

TIME

DISPENSE AS WRITTEN

PHYSICIAN SIGNATURE

DATE


TIME

MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL


IS11-27.7 Transcription of Medication and
Telephone Orders

Effective Date: September 15, 2003


Ralf J. Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


Randee Kaiser, Director
Division of Offender Rehabilitative
Services

- I. **Purpose:** This procedure ensures medications prescribed by the practitioner are received and administered to the offender in an accurate and timely manner.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

- A. **MAR:** Medication Administration Record
- B. **MARS:** Medical Accountability Records System
- C. **Prescription Summary:** A print-out from MARS showing the medication orders entered on the Prescription Medication Screen for the period of time entered when generating this report.
- D. **Suspense File:** A file in MARS, which must be reviewed and electronically signed by the practitioner before the order is released for dispensing by the pharmacy.

III. **PROCEDURES:**

- A. Medications ordered by the practitioner (prescription medications and non-prescription medications) are entered on the prescription medication screen in MARS.
1. Medications discontinued by the practitioner are also entered on the prescription medication screen in MARS.

Effective Date:

2. Previous medications should be discontinued and a new order entered when a change in directions or change in strengths of medication occur to avoid confusion and possible error in interpreting the practitioners new order.
 3. The patient's current profile shall always be reviewed prior to ordering any medication or changing any medication order.
- B. Medication orders should be transcribed by the nursing staff as soon as possible. Every attempt should be made to transcribe the medication orders no later than the end of the shift on which they were written, and always within twelve hours of when they were initially written. All orders for medications prescribed by the practitioner, whether ordered from the pharmacy or used from stock supplies, are transcribed onto the patient's original MAR (Attachment A) sheet, so that the MAR sheet shall indicate all medications received, except for those over-the-counter medications received through nursing sick-call visits.
- C. The practitioner alerts the nursing staff of new medication orders by entering the order in MARS, and the nursing staff prints a prescription summary of all newly entered orders from MARS.
1. The nursing staff transcribes the practitioner's orders from the computer generated prescription summary to the patient's original MAR sheet.
 2. The nurse transcribing the order onto the MAR includes the start and stop dates, initials of nurse transcribing the order, the medication order, the medication strength, directions for use, and the administration times.
 3. To document transcription of MAR and ordering of the medication, the nurse should note the date/time, signature, and a check next to the medication order on the prescription summary.
 4. Brackets may be used if multiple medications on the prescription summary are transcribed at the same time.
- D. Medications should be ordered in accordance with procedures of the pharmacy.
- E. Verbal medication orders, entered by a nurse for the practitioner, must be entered in MARS.
1. The verbal order procedure is only used in the absence of the practitioner and on the advice of the practitioner giving the verbal order by telephone or fax.
 2. Verbal orders must be reviewed and electronically signed by the practitioner as soon as possible, and always within 72 hours.
 3. Verbal orders are entered in a physician encounter only.
- F. Orders entered in MARS by the medical staff for the practitioner while the practitioner is present and on duty are entered into the Medication Suspense File.
1. These orders must be reviewed and electronically signed by the practitioner before the practitioner goes off duty.

IV. ATTACHMENTS

- A. 931-3496 Medication Administration Record

Effective Date:

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-D-01 Pharmaceutical Operations – *essential*, P-D-02 Medication Services – *essential*.

VI. HISTORY: This policy was originally covered by IS11-30.7, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994


- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date:

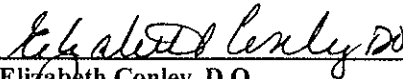
**MEDICATION ADMINISTRATION RECORD**[illegible]


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL


IS11-27.6 Prescribing Authority and
Stop Dates

Effective Date: September 15, 2003


Ralf J. Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


Randee Kaiser, Director
Division of Offender Rehabilitative
Services

I. **Purpose:** This procedure ensures the offender's medical condition is reviewed periodically to evaluate health status and appropriateness of medication.

A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.

B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

A. **Drug Enforcement Administration (DEA) Controlled Medications:** Medications that are regulated by the Drug Enforcement Administration.

B. **Institutionally Controlled Medications:** Medications which are considered controlled medications in a Correctional Facility because of abuse potential, but are not necessarily controlled by the Drug Enforcement Administration.

C. **MARS:** Medical Accountability Record

III. **PROCEDURES:**

A. Medications requiring a prescription, and medications not included on nursing sick-call protocols, should be administered only when prescribed by the medical director, physician, psychiatrist, dentist, physician assistant or nurse practitioner.

B. DEA controlled medications and institutionally controlled medications will not be prescribed for more than four (4) days, with the following exceptions:

1. Phenobarbital may be prescribed for up to 90 days if used for seizure disorders.

Effective Date:

2. Controlled drug orders written by psychiatrists may be prescribed for up to 90 days.
 3. The regional medical director or the assistant regional medical director has approved a non-formulary request for long-term use of a controlled drug due to a chronic illness. However, no order for such drug may be approved for more than ninety (90) days.
- C. All medication orders should be reviewed by the prescriber every ninety days or sooner, if indicated, with the following exceptions:
1. TB medications may be prescribed for up to 180 days.
 2. Medications for stable patients on chronic medications may be reviewed every 180 days if determined appropriate by the responsible physician, and the patient is enrolled in a chronic care clinic and is being monitored by the chronic care nurse.
- D. KOP (keep-on-person) medications should be labeled with specific directions for use. "Use as directed" is not appropriate directions for use.
- E. All medications used, whether prescription drugs or over-the-counter drugs, shall be entered in the MARS system;
1. All medications ordered by the practitioner, whether prescription items or over-the-counter items, are entered on the prescription medication screen in MARS.
 2. Nursing sick-call medications are entered on the non-prescription medication screen in MARS.
- F. All medications ordered by the practitioner must be entered in MARS and shall include the date and time ordered, name of medication, strength of medication, route of administration, specific directions for use, total duration of therapy for the order, and name of the ordering practitioner.

IV. ATTACHMENTS

None.

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-D-01 Medication Operations – *essential*, P-D-02 Medication Services – *essential*.

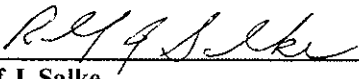
VI. HISTORY: This policy was originally covered by IS11-30.6, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date:

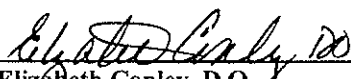
**MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL**

IS11-27.5 Medication Administration

Effective Date: October 6, 2003



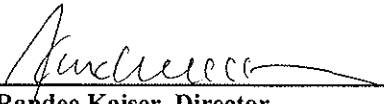
Ralf J. Salke
Senior Regional Vice President



Elizabeth Conley, D.O.
Regional Medical Director



George A. Lombardi, Director
Division of Adult Institutions



Randee Kaiser, Director
Division of Offender Rehabilitative
Services

I. Purpose: This procedure assures offenders have the opportunity to receive prescribed medications in a timely and appropriate manner.

A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.

B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. DEFINITION:

A. **MAR:** Medication Administration Record.

B. **MARS:** Medical Accountability Records Systems.

C. **Medication Administration:** Self-administration using blister cards, dose-by-dose in pill line or delivery to offender.

D. **MSR:** Medical Services Request form.

E. **K.O.P:** Keep on Person. (Self-Medication Program)

III. PROCEDURES:

A. Prescribed medication should be administered only by health care staff as directed by the physician, medical director, psychiatrist, dentist, physician assistant, or nurse practitioner. All medications used will be entered in MARS regardless of one-time or long-term use, and regardless of obtaining the medication from stock supplies or from the pharmacy as patient-specific. All medications ordered by the practitioners shall be entered on the prescription medication screen in MARS; over-the-counter nursing sick-call medications are entered on the non-prescription

Effective Date:

medication screen in MARS. Medications may not be issued or administered to patients without a valid prescription order in MARS, except as an emergency verbal order by the practitioner which must be entered in MARS as soon as possible. Non-formulary medications must be approved for use before they are issued or administered to the patient except as an emergency verbal order by the practitioner.

- B. Medications should be administered on a dose-by-dose basis if:
1. scheduled drugs,
 2. they are controlled or abusable drugs,
 3. a history of treatment non-compliance,
 4. if they have been identified on a watch take system (e.g. INH, anti-tubercular drugs, and HIV medications),
 5. prescribed by the psychiatrist,
 6. warfarin products (coumadin),
 7. insulin; Insulin dependent diabetics shall have a personal bottle of insulin assigned to them. The dose of insulin will be prepared and administered under the direct observation of the patient and nurse,
 8. doses prepared by a nurse only, may be taken from stock bottles of insulin, or
 9. as determined by the responsible physician.
- C. An offender should be informed of the medication administration system at the time of admission to the institution during orientation and reception and upon receiving a new prescription.
- D. The medication administration schedules should be developed in coordination with institutional routines.
- E. The Medication Administration Record (MAR) (Attachment A) should be utilized to prepare medications for administration. If medications are used from stock, a "second check" system must also be utilized to prepare medications for administrations:
1. stock medication administration log
 2. controlled substance administration record.
- F. The offender receiving medication will be advised by health care staff when and where to report for medication pick-up.
- G. Medications should be administered at designated times:
1. Staff should observe the offender receive and consume medications if prescribed on a dose-by-dose basis, by requesting offender open mouth and demonstrate consumption of medication.
 2. Insulin, if ordered, should be administered in the medical unit before breakfast and in the evening, or as ordered by the physician.
 - a. offenders housed in a segregation area will receive insulin in the segregation area.
 - b. nursing staff will take prescribed insulin to the segregation area.
 3. Medication administration should be documented on the offender's MAR using reference codes as listed on the MAR. Each medication nurse should sign and initial each MAR as

Effective Date:

the medication is administered, or immediately after the drug is administered. The MAR should not be pre-initialed before the patient has been offered the medication.

4. Offenders given KOP (keep on person) medication should acknowledge receipt of medications by signing the original MAR when receiving monthly medications; KOP medication received in sick call may be signed for on the MSR if the original MAR is not available.

H. Offenders who have refused or have been a “no-show” for two consecutive doses of prescribed medication will be called-up for counseling by the health care staff, with the following exceptions:

1. Offenders receiving TB medications must be counseled after refusing or missing one dose of medication. If the offender continues to refuse treatment, the medical director or responsible physician must be notified.
2. Offenders receiving HIV medications must be counseled after refusing or missing one dose of medication. The medical director or responsible physician must be notified after each refused or “no-show” for HIV medications.
3. Offenders who wish to refuse medication must sign a Refusal of Treatment form (Attachment B). The title of the refused medication and the dosage will be listed on the form.
4. Refusals will be witnessed by two staff members if the offender refuses to sign the refusal.
5. Refusal will be documented in the offender’s medical records.
6. The responsible physician will be notified of refusals and no-shows and will determine future treatment of that offender (continuation of the orders, discontinuation of the orders, change in medication, change in medication administration times, etc.)

I. Offender compliance with psychotropic medication should be monitored as established by IS11-27.11 Monitoring Psychotropic Medication.

IV. ATTACHMENTS

- | | | |
|----|----------|----------------------------------|
| A. | 931-3496 | Medication Administration Record |
| B. | 931-1832 | Refusal of Treatment Form |

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-D-01 Pharmaceutical Operations – *essential*, P-D-02 Medication Services – *essential*
- B. IS11-27.11 Monitoring Psychotropic Medication

Effective Date:

VI. HISTORY: This policy was originally covered by IS11-30.5, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date:



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
REFUSAL OF TREATMENT

INSTITUTION

On this date, against medical advice, I am refusing the following treatment:

☒ 1. Medical care/treatment _____

MUST COMPLETE

☐ 2. Dental care/treatment _____

MUST COMPLETE

This treatment was offered and made available to me by the Department of Corrections/Correctional Medical Services.

My signature will verify that possible complications as a result of my refusal of such treatment have been fully explained to me. I hereby relieve the physicians, medical/dental staff and Department of Corrections of any and all responsibilities relative to this refusal of offered and available care/treatment.

OFFENDER NAME (PRINT OR TYPE)	DOC NUMBER	OFFENDER SIGNATURE	DATE
WITNESS	DATE	WITNESS	DATE

MO 931-1832 (10-99)



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
REFUSAL OF TREATMENT

INSTITUTION

On this date, against medical advice, I am refusing the following treatment:

☐ 1. Medical care/treatment _____

MUST COMPLETE

☐ 2. Dental care/treatment _____

MUST COMPLETE

This treatment was offered and made available to me by the Department of Corrections/Correctional Medical Services.

My signature will verify that possible complications as a result of my refusal of such treatment have been fully explained to me. I hereby relieve the physicians, medical/dental staff and Department of Corrections of any and all responsibilities relative to this refusal of offered and available care/treatment.

OFFENDER NAME (PRINT OR TYPE)	DOC NUMBER	OFFENDER SIGNATURE	DATE
WITNESS	DATE	WITNESS	DATE

MO 931-1832 (10-99)



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
MEDICATION ADMINISTRATION RECORD

MONTH/YEAR


START DATE	STOP DATE	INT	DRUG - DOSE MODE - INTERVAL	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DOCUMENTATION CODES			STAFF SIGNATURE		DATE		INITIALS		STAFF SIGNATURE		DATE		INITIALS																						
D/C - DISCONTINUE ORDER																																			
R - REFUSED																																			
S - SELF-ADMINISTERED																																			
DO - DOSE OMITTED																																			
C - COURT																																			
NO SHOW																																			
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MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

IS11-27.4

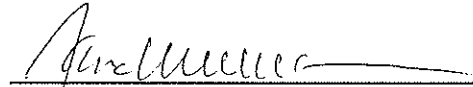
Storage of Pharmaceuticals

Effective Date: October 6, 2003


Ralf J. Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


Randee Kaiser, Director
Division of Offender Rehabilitative
Services

- *****
- I. **Purpose:** This procedure assures the storage of pharmaceutical supplies in the institution adhere to required state regulations and community practice.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- None.
- III. **PROCEDURES:**
- A. All medications are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security within the health services unit. Antiseptics, other medications for external use, and disinfectants are stored separately from internal and injectable medications.
- B. Drugs that require refrigeration should be maintained in a designated refrigerator for medications only within the health services unit.
- C. All drugs should be maintained in secured areas with access restricted to health care personnel. Access to the medication room shall be restricted to only those staff members requiring access in order to perform their duties assigned to them.
- D. All DEA-controlled substances should be maintained in a securely locked cabinet within the locked medication area. The nurse signing as the "on-coming" nurse for that shift holds keys to the

Effective Date:

locked narcotic cabinet. All usage of controlled medications from the narcotic cabinet is under the supervision of this "on-coming" nurse for that shift.

- E. Medicine area keys should be carried by designated health care personnel. These keys should be kept at all times on their person, and will not be placed in drawers, left in locks, or left on counters. Keys should be under the control of one person per shift and not passed from person to person. In the event of needing to pass keys, a count of controlled medications is to be completed.
- F. Appropriate security of medications (e.g. lockable cart) should be maintained during delivery/administration of medications.
- G. The oncoming and off-going nurses should count all DEA-controlled substances at the end of each shift. Any discrepancy in count must be immediately brought to the attention of the administrator or director of nursing. Each medication must be individually counted and each medication unit checked for signs of tampering.
- H. Keys should be passed from nurse to nurse at the time of shift change and documented as part of the count. Institutions not having 24-hour nursing coverage will secure keys as outlined by standard operating procedure. Keys may not be passed from nurse to nurse until the controlled drug counts have been cleared.
- I. The medicine area should be continually maintained in a clean and organized manner; the nurse passing medications is responsible for cleaning and organizing the medicine area after each medication pass. The medication area should be kept locked at all times.
- J. Drug supplies should be restocked after each medication pass.
- K. The temperature of all refrigerators used to store medications or lab supplies should be checked and recorded daily on the Daily Refrigerator Temperature Chart (Attachment A). The temperature shall be maintained in the range of 38-46 degrees F for medications.
- L. Refrigerators requiring defrosting should be defrosted monthly.
- M. Refrigerators should be cleaned and organized on a weekly basis.
- N. The health care staff should adhere to the key control procedures of the institutions.
- O. Medications should not be left unattended during medicine rounds. The nurse passing medications shall close the medication window if the window must be left to obtain medications or supplies from other areas of the medication room.
- P. Refrigerators used for storing medications may only hold medications, and may contain sealed, unopened medicinal adjuncts (nutritional supplement drink).
- Q. Emergency boxes should be available in all medical units and shall contain antidotes and other emergency medications as determined by the regional medical director. Poison control telephone numbers shall be posted in the medical unit for quick reference.
- R. Eating and drinking is restricted to a designated area (break room). Eating and drinking is prohibited in the medication room, treatment room, labs, medical records, clinics, and all other areas, which contain medications or are utilized for the care of patients. Smoking is prohibited throughout the entire health services unit and all other areas utilized for the care of patients.

IV. ATTACHMENTS

Effective Date:

- A. 931-3807 Daily Refrigerator Temperature Chart.

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-D-01 Pharmaceutical Operations – *essential*, P-D-02 Medication Services – *essential*.
B. IS20-1.6 Locking Systems Control

VI. HISTORY: This policy was originally covered by IS11-30.4, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
B. Revised Effective Date: October 15, 1999
C. Revised Effective Date:



DAILY REFRIGERATOR TEMPERATURE CHART

FACILITY

LOCATION

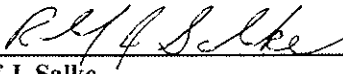
DAY	TIME	TEMPERATURE	PERSON CHECKING
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
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COMMENTS


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL


IS11-27.3 Disposal of Unused or Expired
 Medications

Effective Date: October 6, 2003


Ralf J. Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


Randee Kaiser, Director
Division of Offender Rehabilitative
Services

I. **Purpose:** This procedure assures pharmaceutical services in the institution adhere to required state regulations and community practice in the disposal of unused/expired medications.

A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.

B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

A. **Contaminated Returns:** Medication has been in the offender's possession

B. **Non-contaminated Returns:** Medication has not been in the offender's possession, and/or exposed from its original sealed packaging from the pharmacy.

C. **DEA:** Drug Enforcement Administration.

III. **PROCEDURES:**

A. All stock medications should be checked monthly to ensure the removal and return/destruction of all expired items.

1. All DEA-controlled medications are destroyed or returned to the pharmacy by the regional pharmacist only.

Effective Date:

2. Wastage and destruction of single doses of controlled drugs (dropped tablet, spit out tablet, half tablet, broken ampule) are indicated on the Controlled Substance Administration Record sheet for that particular medication as wastage, and requires the signature of two nurses, the nurse observing the wastage and the nursing supervisor for that shift or the director of nursing. Wastage and destruction of all controlled medications other than single-unit medication destruction is performed by the pharmacist when visiting the institution, using the Destruction/Return of Controlled Medications form (Attachment A).
 3. All expired medications (non-controlled) are listed on the Contaminated or Expired Returns (Attachment B) or the Destruction/Return of Controlled Medications (Attachment A) form, and this form is signed and dated by the medication room staff member and by the administrator or director of nursing. This form is kept on file for five years.
 4. Small quantities of expired non-scheduled medication may be destroyed by placing the medication in a biohazard waste container. These destroyed medications are listed on a "Contaminated Drug Return" form, and this form is signed and dated and filed for five years.
 5. Most medications are to be returned to the pharmacy that dispensed them. The original of the return form is kept at the facility for five years. A copy of the return form is enclosed with the returns.
- B. Unused patient-specific medications which have not been in the offenders possession are handled, as in "A" above, but must be listed on a "Non-Contaminated Return" form (Attachment C).
- C. Unused or expired medications which have left the medication room (contaminated) are disposed of as in "A" above, but must be listed on a "Contaminated Drug Return" form.
- D.
1. Medications of released offenders should be removed from the medication supply on a daily basis.
 2. Medications being returned to the pharmacy should be returned at least every other week.
 3. Return forms must be completed accurately and completely, and signed and dated by the medication room staff member and the administrator or director of nursing.
 4. The original of all return forms and destruction forms are kept on file for five years. Copies of the return form are sent with the medications to be returned.
 5. Medications are returned in appropriate, sturdy containers to the pharmacy.

Effective Date:

IV. ATTACHMENTS

- A. Destruction/Return of Controlled Medications form.
- B. Contaminated or Expired Returns form.
- C. Non-Contaminated Return form.

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-D-01 Pharmaceutical Operations – *essential*, P-D-02 Medication Services – *essential*.

VI. HISTORY: This policy was originally covered by IS11-30.3, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date:

DESTRUCTION / RETURN of CONTROLLED MEDICATIONS

Correctional Medical Services
3702 W. Truman Blvd., Ste. 104
Jefferson City, MO 65109

INSTITUTION: _____ DEA: _____

INSTITUTION: _____ CC#: _____

ADDRESS: _____

DATE: _____

*All medications destroyed will be destroyed by flushing down stool.
 *All medications returned will be returned to : Spectrum Pharmacy Services
 6705 Camille Avenue
 Oklahoma City, OK 73149
 DEA # BS 4773847

PATIENT	ID #	RX #	PHARMACY	MEDICATION & STRENGTH	DIRECTIONS	QTY	REASON FOR RESTRICTION/ RETURN (date and time)
1							
2							
3							
4							
5							
6							

D.O.N. (Printed) _____ CMS Administrator (Printed) _____ Pharmacist (Printed) _____

D.O.N. Signature and Date _____ CMS Admin. Signature and Date _____ Pharmacist Signature and Date _____

**CONTAMINATED OR EXPIRED RETURNS
NON-SCHEDULED DRUG RETURNS TO SPECTRUM PHARMACY**

NAME OF INSTITUTION:

DATE:

COST CENTER:[illegible]

NON-CONTAMINATED RETURNS
NON-SCHEDULED DRUG RETURNS TO SPECTRUM PHARMACY

NAME OF INSTITUTION:
COST CENTER:

DATE:

[illegible]


**MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL**

**IS11-27.2 Procurement/Dispensing of
Pharmaceuticals**

Effective Date: October 6, 2003



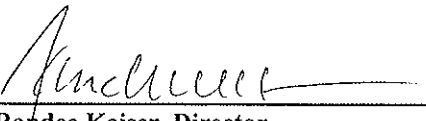
Ralf J. Salke
Senior Regional Vice President



Elizabeth Conley, D.O.
Regional Medical Director



George A. Lombardi, Director
Division of Adult Institutions



Randee Kaiser, Director
Division of Offender Rehabilitative
Services

I. Purpose: This procedure assures pharmaceutical services in the institution adhere to required state regulations and community practice.

A. AUTHORITY: 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.

B. APPLICABILITY: Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

C. SCOPE: Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. DEFINITION:

A. Procurement: The system for ordering medications for the facility.

III. PROCEDURES:

A. Procurement of all medications will be from vendors licensed by the State of Missouri, Board of Pharmacy, through contracted agreement with Correctional Medical Services.

B. Approved, over-the-counter medications should be available for use according to physician-approved protocols and should be procured from a contract medical supply vendor by the pharmacy.

C. Emergency prescriptions may be obtained from a local pharmacy when necessary and upon approval of the administrator, director of nursing, or nurse-in-charge. The administrator is responsible for tracking the purchasing of emergency prescriptions.

D. All records which indicate the storing, issuing, and destruction of medications shall be kept on file at the facility a minimum of five years.

- E. Medications brought with the offender from his/her home, jail, or institution other than a department institution may not be administered or issued to the offender. (Exception: medication brought with an offender from the BIGGS Unit at Fulton State Hospital, may be used until other medication is obtained for the offender).
- F. Medications brought with an offender from his/her home, jail, or institution other than a Missouri Department of Corrections Institution will be logged onto a Contaminated Drugs Return/Destruction Form, and then destroyed by placing the medications into a Bio-Hazard Waste container. These return/destruction forms are dated and signed by the medication room staff member and by the Administrator or Director of Nursing. This form is filed for five years. See also IS11-27.3, Disposal of Unused or Expired Medications. Controlled medications brought with offenders from his/her home, jail or institution are handled in policy 27.12.

IV. ATTACHMENTS

None.

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-D-01 Pharmaceutical Operations – *essential*, P-D-02 Medication Services – *essential*.

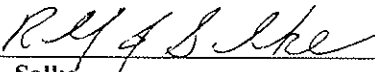
VI. HISTORY: This policy was originally covered by IS11-30.2, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

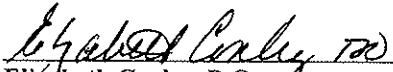
- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date:


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL

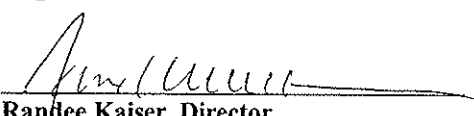
IS11-28 Clinic Space,
Equipment, and Supplies

Effective Date: August 25, 2003


Ralf J. Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of
Adult Institutions


Randee Kaiser, Director
Division of Offender
Rehabilitation Services

I. **PURPOSE:** Health care services should have sufficient and suitable space, supplies, and equipment in good working order, available for the delivery of health services.

A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.

B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

C: **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

A. **Contraband Supplies:** Medical supplies (i.e., needles, syringes, scalpels, instruments, etc.) that can be misused or used as a dangerous weapon. These supplies are not allowed in the possession of any offender.

III. **PROCEDURES:**

A. The health services should have sufficient space for medical records, dental, mental health, medical supply storage, and secure storage of pharmaceuticals, office activities, equipment; Sufficient and suitable space to permit privacy during clinical encounters.

1. At minimum the following equipment, supplies, and materials for examination and treatment of offenders should be available at each institution:

- a. hand-washing facilities or appropriate alternate means of hand sanitation;
- b. examination table;
- c. a light capable of providing direct illumination;
- d. scales;
- e. thermometers;
- f. blood pressure monitoring equipment;

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- g. stethoscope;
 - h. ophthalmoscope;
 - i. otoscope;
 - j. transportation equipment (e.g., wheelchair, stretcher);
 - k. trash containers for biohazardous materials and sharps; and
 - l. equipment and supplies for pelvic examinations if female offenders are housed in the facility.
- 2. Basic equipment required for on-site dental examinations include, at a minimum:
 - a. hand-washing facilities or appropriate alternate means of hand sanitation;
 - b. dental examination chair;
 - c. examination light;
 - d. sterilizer;
 - e. instruments;
 - f. trash containers for biohazardous materials and sharps; and
 - g. a dentist's stool.
- 3. The presence of a dental operatory requires the addition of at least:
 - a. an x-ray unit with developing capability;
 - b. blood pressure monitoring equipment; and
 - c. oxygen.
- 4. Facilities housing pregnant females should have a fetal heart monitor.
- B. As established by the department and CMS, appropriate medical equipment and supplies should be available in each area in which offenders are treated. Each treatment area should have an inventory of supplies and equipment.
- C. The health services administrator/designee should maintain equipment inventories in accordance with procedures established in D4-5, Property Control.
- D. The health services administrator/designee should make sure equipment is in good working order and supplies are maintained at established inventory levels. Equipment and supplies should be checked weekly. Contraband supplies should be inventoried as outlined in IS11-28.1 Contraband Inventory and Reusable Tool Control.
- E. A major inventory list should be maintained and audited quarterly by the health services administrator/designee.
- F. Current medical and nursing manuals should be available for staff within the health care unit.
- G. The health services administrator/designee should reorder supplies as specified by their site-specific standard operating policy and or CMS purchasing procedures.
- H. The health services administrator/designee should develop a schedule for preventative maintenance and service and should also arrange for equipment to be serviced by appropriate vendors/designees.
 - 1. A file reflecting preventative maintenance should be maintained on site.
 - 2. Copies of repairs and maintenance invoices for health care equipment should be forwarded to the regional vice president/designee.

Effective Date:

- I. The health services administrator should conduct a quarterly physical inventory audit of supplies and equipment utilizing the appropriate computer printout forwarded to the health care unit by the department.
- J. See also IS11-29 Diagnostic Services.

IV. ATTACHMENTS:

None

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 2003, P-D-03 Clinic Space, Equipment, and Supplies – *important*.
- B. D4-5 Property Control
- C. IS11-28.1 Contraband Inventory and Reusable Tool Control

VI. HISTORY: This policy and procedure was previously known as IS11-26.1 in the Missouri Department of Corrections Institutional Policy and Procedure Manual.

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date: